S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

27489

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28651

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7079

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3414a Klocke St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 3414a Klocke St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Fuchs

3. (b) If veteran, name war

3. (c) Social Security No. 492-07-9192

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary C.

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased January (Month) 27 (Day) 1882 (Year)

8. AGE: Years 64 Months 6 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation Cabinet Maker

11. Industry or business

FATHER
12. Name Aloys Fuchs
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mary C. Fuchs
(b) Address 3414a Klocke St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) AUG 14 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13th year 1946 hour 6 minute 50 A. M.

21. I hereby certify that I attended the deceased from July 25th., 1946 to August 12th., 1946. that I last saw him alive on August 12th., 1946. and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	36 hrs.
Due to Chronic Myocarditis.	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Victor K. Dietrich (M. D. or other) D.C.
Address 3407 S. Grand Blvd., Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Joe B. Berg.....

Licensed Embalmer No.....4249.....

P. O. Address.....2842 Meramec St. St. Louis, Missouri.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.