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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32512

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8939

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3847 Lafayette Avenue (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 6a0
(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 3847 Lafayette Avenue 9 (If rural, give location) 0
(e) Citizen of foreign country? 17 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HERMAN FUCHS

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Anna Fuchs
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased May (Month) 24, (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
90	3	29	hr. min.

9. Birthplace Meiningin, Germany 4 (City, town, or county) (State or foreign country)
10. Usual occupation Retired Mechanical Engineer
11. Industry or business Fairbanks Morse Company

FATHER
12. Name Ludwig Fuchs
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Durnhein
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant George Dose
(b) Address 3847 Lafayette Avenue
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Sept. 25, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Chapel Memories
18. (a) Signature of funeral director Wm. J. Robert L.&U. Co.
(b) Address 1905 So. Grand Blvd.
19. (a) SEP 25 1947 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23, year 1947 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 36, to Sept 23, 1947 that I last saw him alive on Sept 23 1947, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death senility b

Due to

Due to 162

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? 0 (Specify type of place)
While at work? (e) Means of injury

23. Signature F. R. Finnegan mt (M. D. or other)
Address 539 N Grand St Louis 7 Mo. Date signed 9/25/47

(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.....Ronald Yahnke.....

Licensed Embalmer No.....3917.....

P. O. Address.....St Louis Mo.....

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.