

S. No. 2  
1-12-45  
v. 5-17-39  
I X47070

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

FILED NOV 25 1947

Registration District No. **372**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Manchester**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Pine Crest Nursing Home 4**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 yrs. 6mons.**  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: **2308**

(a) State **Missouri** (b) County **St. Louis 9/10**

(c) City or town **Manchester**  
(If outside city or town limits, write "RURAL")

(d) Street No. **None**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Minnie Fuchs**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **Dec. 10 1853**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>93</b>	<b>11</b>	<b>27</b>	hr. min.

9. Birthplace **St. Louis MO.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At. Home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Edward J. Fuchs**

13. Birthplace **France**  
(City, town, or county) (State or foreign country)

14. Maiden name **Alecia Dont Know**

15. Birthplace **France**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Pine Crest Nursing Home**

(b) Address **Manchester, Missouri**

17. (a) **Burial** (b) Date thereof **11-12-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old-S.S. Peter & Paul**

18. (a) Signature of funeral director **John J. Donnelly**

(b) Address **3840 Lusk St. St. Louis**

19. (a) **11-12-47** (b) **Gene A. Johnson**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **7** year **1947** hour **8** minute **05A** M.

21. I hereby certify that I attended the deceased from **April 16**, 19**45** to **Nov 7**, 19**47**;

that I last saw h. **alive on Nov 5**, 19**47**;

and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**  
**chronic myocarditis, general arteriosclerosis**

Due to **93 R**

Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury **0**

23. Signature **G. Y. Warden M.D.** (M. D. or other)

Address **3507 Polone** Date signed **11-7-47**

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 John M. Meyer  
Licensed Embalmer No. 3288  
P. O. Address Wickwood Pa

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.