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REG # 100,247

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11358

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 611

1. PLACE OF DEATH
a. COUNTY ST. LOUIS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.

c. LENGTH OF STAY (in this place) 12 DAYS

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2049

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL

d. STREET ADDRESS (If rural, give location) 1410 S. SULPHUR

3. NAME OF DECEASED
a. (First) CHARLES
b. (Middle) L.
c. (Last) FUCHS

4. DATE OF DEATH (Month) (Day) (Year)
3-5-52

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 7-28-98

9. AGE (In years last birthday) 53
IF UNDER 1 YEAR Months Days
IF UNDER 14 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER

10b. KIND OF BUSINESS OR INDUSTRY - - - - -

11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JACOB FUCHS

13b. MOTHER'S MAIDEN NAME MARY HOPPE

14. NAME OF HUSBAND OR WIFE OTTELLIA FUCHS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, MISSOURI

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LUNG

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) - - - - -
DUE TO (c) - - - - -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
- - - - -

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION - - - - -

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) VA

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? - - - - -

22. I hereby certify that I attended the deceased from 2/22, 1952, to 3/5, 1952, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE _____ (Degree or title) M.D.

23b. ADDRESS V.A. HOSPITAL JEFF. BRKS. MO.

23c. DATE SIGNED 3/5/52

24. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Mar. 10, 1952

24c. NAME OF CEMETERY OR CREMATORY National Cemetery

24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG. 3-6-52

REGISTRAR'S SIGNATURE Herbert R. Donke

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

William B. White

Signed.....
Student Embalmer

Licensed Embalmer No. *4291*

P. O. Address _____

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.