

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11359

State File No. ....

FILED MAR 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 439

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>	
c. LENGTH OF STAY (In this place) <u>26 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>8807 S. Grand Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8807 S. Grand Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>8807 S. Grand Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>P.</u> c. (Last) <u>Fuchs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16, 1952</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 25, 1901</u>	9. AGE (In years last birthday) <u>50</u>	# UNDER 1 YEAR Months <u>0</u> # UNDER 1 MIN. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>super visor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stupp Bros.</u>	11. BIRTHPLACE (State or foreign country) <u>Mattese Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Simon Fuchs</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Meyer</u>		14. NAME OF HUSBAND OR WIFE <u>Carrie Fuchs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>488038557</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carrie Fuchs, 8807 S. Grand</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>6 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above; cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive C. V. Disease</u>		
	DUE TO (c) <u>Hepatomegaly, Ascites</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hepatomegaly, Ascites</u>		<u>3 wks</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 17 March 1950, to 16 Feb, 1952 that I last saw the deceased alive on 16 Feb, 1952 and that death occurred at 2:40P m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. A. Nester MD</u> (Degree or title)		23b. ADDRESS <u>5600 S. Crompton</u>		23c. DATE SIGNED <u>18 Feb 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Feb. 19, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Lemay Mo.</u>	

DATE REC'D BY LOCAL REG. <u>2-18-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danhe MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fendler Und. Co. 7420 Michigan Ave.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Nester  
5600 So. Compton  
12 Noon

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Oliver E. Linder*

Licensed Embalmer No. 4148

Arnold, Mo.

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.