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

FILED APR 2 - 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 10731
Registrar's No. 2873

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MISSOURI
c. LENGTH OF STAY (in this place): 7 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS CITY HOSPITAL #1.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 3 2711 WATSON Rd 2039

**3. NAME OF DECEASED** (Type or Print)
a. (First): ARNOLD
b. (Middle): ANTHONY
c. (Last): FUCHS

**4. DATE OF DEATH** (Month) MARCH 20 (Day), 1956 (Year)

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED
**8. DATE OF BIRTH**: APRIL 3, 1873
**9. AGE** (In years last birthday): 82 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): BUTCHER
**10b. KIND OF BUSINESS OR INDUSTRY**: GROCERY & MEAT STORE
**11. BIRTHPLACE** (City and State or Foreign Country): ST. GALEN, SWITZERLAND
**12. CITIZEN OF WHAT COUNTRY?**: U.S.
**13a. FATHER'S NAME**: SEVERIN FUCHS
**13b. MOTHER'S MAIDEN NAME**: AMALIA ZWEIFEL
**14. NAME OF HUSBAND OR WIFE**: ELIZABETH FUCHS
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 488-03-1309
**17. INFORMANT'S SIGNATURE OR NAME**: MRS. ALMA KLEINE — ADDRESS: 2711 WATSON Rd.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Malnutrition — Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): ~~Pyloric~~ Pyloric Obstruction — Pyloric Obstruction — WKS weeks
DUE TO (c): Carcinoma of stomach — Carcinoma of stomach — WKS ?

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**: 151X
**20. AUTOPSY?** YES [ ] NO [X]

**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) m.
**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* 3-13, 1956, *to* 3-20, 1956, *that I last saw the deceased alive on* 3-20, 1956, *and that death occurred at* 7:10 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Willard C. Schwartz (Degree or title) MD — Willard C. Schwartz MD
**23b. ADDRESS**: 1515 LAFAYETTE AVE.
**23c. DATE SIGNED**: 3-20-56.

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 3-22-1956
**24c. NAME OF CEMETERY OR CREMATORY**: ST. MATTHEW CEMETERY
**24d. LOCATION** (City, town, or county) (State): ST. LOUIS, MO

DATE REC'D BY LOCAL REG.: MAR 21 1956
REGISTRAR'S SIGNATURE: J. Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE**: Howard Michel — ADDRESS: 5930 Southwest
M&B.
(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 e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Francis J. Weyland J

Licensed Embalmer No. 4

P. O. Address St. Louis

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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