

FILED OCT 28 1957

STANDARD CERTIFICATE OF DEATH

34871

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1140

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If not in hospital, give location) HOSPITAL OR INSTITUTION Millside Nursing Home 718 N. 7th St.		Length of stay in 1b 33 yrs.	d. STREET ADDRESS (If outside, give location) 2847 Jules Street Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ernest Middle Fuger Last Fuger			4. DATE OF DEATH Month October Day 19 Year 1957	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 17, 1871	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist	10b. KIND OF BUSINESS OR INDUSTRY Own Drug Store	11. BIRTHPLACE (City and state or country) Pontiac, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frederick William Fuger	13b. MOTHER'S MAIDEN NAME Mary Wagner	14. NAME OF HUSBAND OR WIFE Susan Frances Fuger
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 500-36-2705	17. INFORMANT Mrs. Golda Freeman	Address St. Joseph, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chs myocarditis		INTERVAL BETWEEN ONSET AND DEATH 4 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sen arteriosclerosis		4 yrs
DUE TO (c) Sarcoma Psychoses		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4221
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20c. TIME OF INJURY Hour 4:15 a.m. A.M. Month, Day, Year

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Joseph	COUNTY Buchanan	STATE Missouri
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21. I attended the deceased from 1950 to time of DEATH and last saw him alive on 10-15-57 Death occurred at 4:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M.E. Grimes (Degree or title) M.D.	22b. ADDRESS St. Joseph Mo	22c. DATE SIGNED 10-21-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE October 21, 1957	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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24. FUNERAL DIRECTOR Meierhoffer-Fleeman, Inc.	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Oct. 24, 1957	26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

48

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
Signature of Student Embalmer

Signed *Albert B. Herrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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