

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

#63-034381

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary-Registration District No. 541 Registrar's No. 2513

STATE FILE NUMBER

FILED AUG 19 1963

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u> Length of stay in 1b <u>D.O.A.</u> c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) <u>St. Louis Co. Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Webster Groves</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>209 S. Laclede Sta. Rd.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First <u>CHRIST</u> Middle <u>SIMON</u> Last <u>FUCHS</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>7</u> Year <u>1963</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>3/16/1897</u>	9. AGE (last birthday) <u>66 yrs.</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired R.R. Engineer Mo. Pac. R.R.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mattis Creek, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frank F. Fuchs, Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schmitt</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT <u>Webster Groves Sta. Rd.</u> <u>Mrs. Sadie Bauer, 209 S. Laclede</u>
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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) <u>Unknown natural causes</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>Unk</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour _____ Month; Day, Year _____ s.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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	COUNTY	STATE	

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at DOA Co. Hosp. 6:17 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Raymond Hard</u> Coroner	22b. ADDRESS <u>Clayton, Missouri</u>	22c. DATE SIGNED <u>8/13/63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/10/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Lucas Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Sappington, Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Alexander & Sons, 6175 Delmar Blvd.</u>	25. DATE RECD. BY LOCAL REG. <u>8-7-63</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy</u>
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DO NOT WRITE ON THIS STUB
 AMENDED
 VS 300 Rev. 4/59
 1 4002
 2 4007
 3
 4 0
 5 3
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 7 0
 8 2
 9 795-1
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 11
 12 292-3
 13
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1000

1000

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 Vernon S. Kelder

Licensed Embalmer No. 5031

P. O. Address St Louis, 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.