

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4534

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **ST. LOUIS,** (d) Street No. **2220^a Wash** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **1179**

2. PRINT FULL NAME

Abel Fulton **435**
 (a) Residence, No. **2220^a Wash** St. **21** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Paul Fulton**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MAR 27 - 1897**

7. AGE YEARS **40** MONTHS **10** DAYS **3** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **LABOR**
 9. Industry or business in which work was done, as saw mill, bank, etc. **LABOR**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

FATHER 13. NAME **ABE FULTON**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

MOTHER 15. MAIDEN NAME **ELLEN P**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

17. INFORMANT (ADDRESS) **Abel Fulton Jr.**
2220^a Wash St

18. BURIAL, CREMATION, OR REMOVAL PLACE **Walnuton Park** DATE **Feb 3 1938**

19. FUNERAL DIRECTOR (ADDRESS) **J. A. Green**
2915 Franklin

20. FILED **FEB 1 1938** **J. H. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 30 1938**

22. I HEREBY CERTIFY That I attended deceased from **1-29 1938** to **1-29 1938**

I last saw him alive on **1-29 1938** Death is said to have occurred on the date stated above, at **1220^a Wash St.**
 The principal cause of death and related causes of importance were as follows:

Acute Myocardial (Heart) Collapse, caused by acute indigestion. Not a food poisoning. Improper diet. not any

Name of operation **not any** Date of
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **NO**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **NO**
 If so, specify

(Signed) **Harry C. Shaupstein**, M. D.
 (Address) **2340^a Market St.**

STATEMENT BY LICENSED EMBALMER

I, J. A. Guss, Licensed Embalmer No. 2963,
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. A. Guss
L. E.
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.
Signed J. A. Guss
Licensed Embalmer No. 2963

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.)