

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

5109
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1002** Registered No. **1802**
 (c) City **St. Louis, Mo.** (d) Street No. **Beaumont & Pine St.** 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

460 David Fuller,
 (a) Residence, No. **1403 Dodier Street.** St. **26** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Agnes Fuller,**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 30, 1905**

7. AGE YEARS **34** MONTHS **07** DAYS **23** If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.** (STATE OR COUNTRY)

FATHER 13. NAME **George Fuller**

14. BIRTHPLACE (CITY OR TOWN) **Not known** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Not known**

16. BIRTHPLACE (CITY OR TOWN) **Not known** (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) **Mrs. Agnes Fuller, 1403 Dodier Street.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Residence Cem** DATE **2-25-39**

19. FUNERAL DIRECTOR (NAME) **Henry Leidner Und.** (ADDRESS) **1417 N. Market Street.**

20. FILED **J.P. Buddeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 23 1939**

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **10:00 m.**

The principal cause of death and related causes of importance were as follows:

Strychnine poisoning. Time, place, cause and manner could not be ascertained.

Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Open** Date of injury **2/23/39**

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 **Alfred Perry** (Signed) **Alfred Perry** M.D.

(Address) **Alfred Perry**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 17 1943

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis a

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, above space should be left blank.