

1938 APR 12 1938

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

8567
Do not use this space.

791
1908

1. PLACE OF DEATH

(a) County 3 Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, Mo. (d) Street No. 2010 Branch Street Registered No. 2332 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.

2. PRINT FULL NAME

George W. Fuller,
(a) Residence, No. 2010 Branch 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 Lillie Ann Fuller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13th, 1858
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 2 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as saw mill, bank, etc.
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) St. Louis, Mo.

FATHER 13. NAME Not known

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

MOTHER 15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Mrs. Lillie Ann Fuller
2010 Branch Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cem DATE Mar. 13th, 1938

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

20. FILED 11 1938 J. D. Budeck
Local Registrar

No Medical Certificate of Death

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-10-39 19

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

I last saw h..... alive on..... 8:35, 19..... Death is said to have occurred on the date stated above, at..... 7 m.

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

Primary Sclerosis
Uterus Sclerosis

Name of operation..... Date of..... 7-10
What test confirmed diagnosis?..... Was there an autopsy? 70

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) Frank P. [Signature], M.D.
(Address) [Address]

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.

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 Werner L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.