

REC'D JUN 12 1939

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

16467
Do not use this space.

1. PLACE OF DEATH

(a) County MISSOURI Registration District No. 791
(b) Township 1 Primary Registration District No. 1008
(c) City ST. LOUIS (d) Street No. 3938 FAIRFAX AVE. St.
(e) Length of residence in city or town where death occurred 10 1/2 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 4001

2. PRINT FULL NAME

James Fuller
(a) Residence, No. 3938 FAIRFAX AVE. St. 11 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>Colord.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>LULA FULLER</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 10th 1883</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>2</u>
	DAYS <u>16</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>CONCRETE</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>finisher</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1930</u>	
	11. Total time (years) for spent in this occupation <u>YEARS</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pyis Point Mississippi</u>		
FATHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>EJER GREEN SCOTT</u> (ADDRESS) <u>3846 FAIRFAX</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>MAY 18th 1939</u>		
19. FUNERAL DIRECTOR <u>ADAMS Undertaking</u> (ADDRESS) <u>3849 WINDSOR PLACE</u>		
20. FILED <u>MAY 1, 1939</u> <u>J. B. Budick</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 26th 1939

22. I HEREBY CERTIFY, That I attended deceased from April - 12th - 1939 to April - 26th - 1939
I last saw him alive on April - 26th - 1939. Death is said to have occurred on the date stated above, at 10:40 a.m.
The principal cause of death and related causes of importance were as follows:
Bilateral Lobar Pneumonia
108
Other contributory causes of importance:
Exposure to cold

Name of operation..... Date of.....
What test confirmed diagnosis? None 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 None
(Signed) Oscar William Johnson M. D.
(Address) 1046 a N. Grandinunter

Date of onset
April
12
th 39

STATEMENT BY LICENSED EMBALMER

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