

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution June 30, 1930.
City 7yrs. US Life. (Specify whether
In this community _____
years, months or days)

FILED FEB 17 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")
(d) Street No. 5800. Arsenal
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME William M Fullerton.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May. 1. 1866.
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days _____ If less than one day hr. _____ min. _____

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation R.R. Laborer. Farmer.

11. Industry or business _____

12. Name Daniel Fullerton

13. Birthplace New York.
(City, town, or county) (State or foreign country)

14. Maiden name Fannie E. Vogel.
(City, town, or county) (State or foreign country)

15. Birthplace Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. Sanders.

(b) Address 5800. Arsenal. St.

17. (a) _____ (b) Date thereof 1-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rutger

19. (a) JAN 31 1940 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st.
year 1940 hour 11:35. minute AM M.

21. I hereby certify that I attended the deceased from June 28. 19 30. January 1. 1940;
that I last saw him alive on January 1. 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease
Duration _____

Due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Geo. J. Byrnes (M. D. or other) _____

Address _____ Date signed _____

WRITE PLAIN!—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X 1931

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.....

Licensed Embalmer No.....

P. O. Address.....

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.