

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4203

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3877a McDonald Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3877a McDonald Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Virgie Fuller 460

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Thomas J. Fuller Sr. 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. 12th 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 2 28 hr. min.

9. Birthplace DeSoto Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 9

11. Industry or business _____

12. Name J.S. Dutton 9

13. Birthplace U.S.
(City, town, or county) (State or foreign country)

14. Maiden name Cassie Warley

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

16. (a) Informant Thomas J. Fuller Sr.

(b) Address 3877a McDonald Ave.

17. (a) Burial (b) Date thereof 5-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway

19. (a) MAY 10 1940 (b) J.F. [Signature]
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1940 hour 1:30 minute A.M. M.

21. I hereby certify that I attended the deceased from Feb. 11 1940 to May 10 1940;
that I last saw him alive on May 6 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to Chronic Carditis

Due to _____

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

Major findings: ASU
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? _____

23. While at work? _____ (Specify type of place)
Means of injury 3

23. Signature Albert H. Styles (M.D. or other) D.O.

Address 4003 Lansdowne Date signed 5/10/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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: *Edwin M. Bernath*

Licensed Embalmer No. *3024*

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.