

FILED FEB 24 1942

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Homer Phillips Hospital
(d) Length of stay: In hospital or institution 6 days
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11
(c) City or town St. Louis,
(d) Street No. 4550 Cottage
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME Robert Fulton

(b) If veteran, name war No. (c) Social Security No. 487-05-4500

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Estelle Fulton 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Jan 30, 1885

8. AGE: Years 56 Months 11 Days 8 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mr. Estelle Fulton

(b) Address 4550 Cottage Washington Park

17. (a) (b) Date thereof 1/24/42
(Burial, cremation, removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Luke's Ep. Ch. Burial

18. (a) Signature of funeral director J. J. Smith

(b) Address 4247 N. Schiller

19. (a) (b) J. F. Brudick
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22, year 1942 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from January 16, 1942, to January 22, 1942, that I last saw him in live on January 22, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 4 days

Due to Rupture of Cecum 3 weeks

Due to Carcinoma of Cecum

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H&E

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 M. E. Jewell (M. D. or other) 1/24/42
Address 2601 St. Charles Date signed 1/24/42

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

844

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address. 2649th Delmar Bl

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, fact should be so stated above.