

FILED JUL 28 1942

Registration District No. **791**

Primary Registration District No. **1003**

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:
1604 Franklin Ave (near)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **25 yrs**
years, months or days

3. (a) PRINT FULL NAME **E. d. Fuller**

3. (b) If veteran, name war **No** 8. (c) Social Security No. **494-10-0225**

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

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

7. Birth date of deceased **abt (Month) 1894 (Day) (Year)**

8. AGE: Years **abt 48** Months **-** Days **+** If less than one day hr. _____ min.

9. Birthplace _____ (City, town, or county) **1. Texas. (State or foreign country)**

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

{ 14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dattie Western**

(b) Address **1604 Franklin Ave (near)**

17. (a) **Burial** (b) Date thereof **7-17-42** (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **McDowell**

(b) Address **711 N. Taylor Ave.**

19. (a) (Date received local registrar) **JUL 17 1942** (b) **J. J. Baker** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County _____
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **1901 O'Fallon St.** (If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **11**
year **1942** hour **2:15** minute **A** M.

21. I hereby certify that I attended the deceased from **JULY 4, 1942 to JULY 11, 1942**
that I last saw him alive on **JULY 11, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **AUTO-INTOXICATION** 7-11-42

Due to **ACUTE INTESTINAL OBSTRUCTION** 7-4-42

Due to **UNKNOWN CAUSE**

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

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature **J. C. Shepard** (M. D. or other)

Address **2702 1/2 Franklin** Date signed **7-16-42**

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

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.....

William C. McDowell....., Registered Apprentice No.
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.