

28732

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 14 1942 18

1003

Registrar's No. **8229**

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
 (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:
3212 Utah St. 1
(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:

Missouri.
 (a) State..... (b) County 600
12
 (c) City or town St Louis 16
(If outside city or town limits, write "RURAL")
 (d) Street No. 3212 Utah St.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME

SAMUEL W. FULTON

3. (b) If veteran, name war.....
 3. (c) Social Security No. 498-30-1915

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Edith
 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Jan 21 1886
(Month) (Day) (Year)

8. AGE: 56 Years 8 Months 12 Days
If less than one day hr. min.

9. Birthplace Crawford Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business.....

12. Name Rhynalda Fulton.

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

14. Maiden name Samanthy Brown

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

16. (a) Informant Emma Thomas

(b) Address St James Mo.

17. (a) Burial (b) Date thereof Oct. 6. 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4254 Manchester Ave.

19. (a) OCT 5 1942 (b) [Signature]
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd
 year 1942 hour 3:30 minute 0 M.

21. I hereby certify that I attended the deceased from Sept. 20th to Oct. 3rd 1942
 that I last saw him alive on Sept. 30th and that death occurred on the date and hour stated above.

Immediate cause of death
Starvation and pulmonary emb.
edema
 Due to Carcinoma of esophagus 2 yrs

Duration

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 [Signature] (M. D. or other).....
 Address 3353 Perote Ave Date signed 10-5-42

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

MOTHER FATHER

APR 1 1942

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..... *Henry Eymok*
Licensed Embalmer No..... *1284*
P. O. Address..... *St. Louis Mo*

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.

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28732
Registrar's No. 8228

Registration District No. 318 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:
(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..... (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day.....
year 1942 hour..... minute..... M.
21. I hereby certify that I attended the deceased from.....
19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration.....
Due to.....
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..... (M. D. or other).....
Address..... Date signed.....

3. (a) PRINT FULL NAME Samuel W. Fulton
3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

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

7. Birth date of deceased Jan 21 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 14 If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

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

16. (a) Informant.....
(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address.....

19. (a) OCT 21 1942 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

NOV 1 1952

OFFICE OF THE ATTORNEY GENERAL