

FILED JAN 25 1945

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

368

318

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 ST. JOHNS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay. In hospital or institution 7 WEEKS
(Specify whether _____)
In this community 28 YEARS
(years, months or days)

3. (a) PRINT FULL NAME LILY FULLINGTON

3. (b) If veteran, name war _____
3. (c) Social Security No. 499-03-3061

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced WIDOW

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

7. Birth date of deceased JUNE-2-1881
(Month) (Day) (Year)

8. AGE: Years 63 | Months 7 | Days 10 | If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name FRED KOHRING

13. Birthplace ST. LOUIS - MO
(City, town, or county) (State or foreign country)

14. Maiden name ANNA BRETZ

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

16. (a) Informant Mrs. Hortense Hammerman
(b) Address 3902 Jennings Rd

17. (a) BURIAL (b) Date thereof 1-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW BETHLEHEM CEM

18. (c) Signature of funeral director L. B. Tanner

(b) Address 6107 Natural Bridge

19. (a) JAN 14 1945 (b) J. F. Bredek
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town PINE LAWN
(If outside city or town limits, write "RURAL")
(d) Street No. 3812 BEACH WOOD
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1945 hour 2 minute P M.

21. I hereby certify that I attended the deceased from July 6, 1945, to Jan 12, 1945, that I last saw her alive on Jan 12, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death. Myocardial infarct 3 days
Due to Emaciation

Due to General emaciation & abdominal viscera
Other condition Carcinoma of Rectum
(Include pregnancy within 3 months of death)

Major findings: Of operations 57
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? _____

(Specify type of place) _____
(e) Means of injury 0. M.D.

23. Signature [Signature] (M. D. or other) _____
Address 4927 Maryland Date signed 1/15/45

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

50
17
9

91
6
0

NR
1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Guy W. Wilkerson*
Licensed Embalmer No..... *3595*

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, fact should be so stated above.