S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7723

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2140

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: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis, 9 (If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal 13 (If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sam Fuller
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Col,
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Centenlia Fuller
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Nov, 1st, 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	4	3	hr. min.

9. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business Laborer
MOTHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
FATHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Centenlia Fuller
(b) Address 2714 a Franklin Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St
19. (a) MAR 6 1945 (Date received local registrar) (b) J. F. Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4, year 1945 hour 4 minute 55 P. M.
21. I hereby certify that I attended the deceased from February 17, 1945, to March 4, 1945; that I last saw him alive on March 4, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Heart Disease with myocardial infarction	Undet.
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature B. F. Murphy (M. D.)
Address 2601 Whittier Date signed 3/5/45

(Licensed Embalmer's Statement on Reverse Side)

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 L Boykin, Registered Apprentice No. M, working under my personal supervision.

Signed Lorraine Boykin

Licensed Embalmer No. 2946

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.