

S. No. 2  
DM-5-43  
V. 5-17-39  
I X38671

FILED MAR 6 1947  
Registration District No. 317

Primary Registration District No. 3066

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

1. PLACE OF DEATH:

(a) County Kirkwood  
 (b) City or town KIRKWOOD MO  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution NONE (Specify whether years, months or days) 1.4 years

3. (a) PRINT FULL NAME Addie Belle Fuqua  
 3. (b) If veteran, name war NONE  
 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race colored  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Grover & Fuqua  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased Aug 12 1878  
 (Month) (Day) (Year)

8. AGE: Years 74 Months - Days - If less than one day hr. min.

9. Birthplace La Grange Texas 1  
 (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business Home

12. Name Shpton, M.O.

13. Birthplace La Grange Texas 1  
 (City, town, or county) (State or foreign country)

14. Maiden name Belle Collins

15. Birthplace La Grange Texas 1  
 (City, town, or county) (State or foreign country)

16. (a) Informant GROVER C. FUQUA

(b) Address 142 E MONROE

17. (a) Burial (b) Date thereof 12-28-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BRYAN HILL WHITE OAKS

18. (a) Signature of funeral director BOYD BROS. FUN. HOME

(b) Address 3704 FINNEY

19. (a) 2-27-47 (b) Patricia J. Allen M.D.  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MO. St. Louis  
 (c) City or town Kirkwood 96  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 142 E Monroe 4  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No) 3  
 If yes, name country NO 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 24 day 11 hour 24 minute 7 M.  
 year 1947

21. I hereby certify that I attended the deceased from out 3, 1947 to Feb 24, 1947  
 that I last saw her alive on 2/24, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis 6 mos  
 Duration  
 Due to Ch. nephritis  
 Due to Hypertension 13 1/2  
 Other conditions Arteriosclerosis  
 (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations None  
 Of autopsy None  
 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 J. K. ... (M. D. or other) \_\_\_\_\_  
 Address White ... Date signed 2/25/47

JUL 13 1948

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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.....

..... *Emmitt J. Houston* Registered Apprentice No. *449*  
working under my personal supervision.

Signed *Bernea E. Walden*

Licensed Embalmer No. *4341*

P. O. Address. *St Louis 13 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.**