

S. No. 2  
-12-45  
-5-17-39  
P I X47070

State File No. \_\_\_\_\_  
Registrar's No. **4788**

FILED MAY 22 1947

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **Saint Louis**  
(b) City or town **Saint Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Went to City Hosp**  
**West Florissant Ave**  
(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 **Mo.** (b) County **St. Louis**  
(c) City or town **Saint Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6556 Nashville Ave**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Clyde A. Fuller.**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **489-16-7507**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Leanora Fuller**  
6. (c) Age of husband or wife if alive **62** years  
7. Birth date of deceased **Sept 3 1884**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **8** Days **7**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Maintenance Man**  
11. Industry or business **St. Marys Orphanage**

MOTHER FATHER  
12. Name **Andrew Fuller**  
13. Birthplace **Dont Know** **G**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Stafford**  
15. Birthplace **Dont Know** **G**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Leanora Fuller**  
(b) Address **6556 Nashville Ave**

17. (a) **Burial** (b) Date thereof **5 13 47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Laurel Hill Cemetery**

18. (a) Signature of funeral director **Jos. W. Clark.**  
(b) Address **1125 Hodiamont Ave**

19. (a) **MAY 12 1947** (b) **J. F. Bradeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **10**  
year **1947** hour **2** minute **32 P.M.**  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. **im** alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Myocardial Infarction**  
**Coronary Atherosclerosis**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Duration \_\_\_\_\_  
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? \_\_\_\_\_

White at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **Gretel E Taylor**  
Address **1300 Clark**  
(Date) \_\_\_\_\_

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

try my 2-20-47

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..... *Alfred J. Boedeke* .....

Licensed Embalmer No. 2663 .....

P. O. Address 1125 Hodiamont Ave .....

**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.**