

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

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:
7080 Sutherland 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
years, months or days

3. (a) PRINT FULL NAME SIDNEY FULTS

3. (b) If veteran, name war WW-1 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Fults 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased August 7 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 1 18 hr. min.

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

10. Usual occupation Motorman

11. Industry or business St. Louis Public Service Co.

12. Name Christ Fults

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

14. Maiden name Erlie Clark
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Fults
(b) Address 7080 Sutherland

17. (a) Burial (b) Date thereof Sep. 29 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park
C. Hoffmeister Colonial mortuary

18. (a) Signature of funeral director _____

(b) Address 6464 Chippewa St

19. (a) SEP 26 1947 (b) J. F. Bredeh
(Date received local signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oac
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street 3 7080 Sutherland Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25
year 1947 hour 11:00 minute AM.

21. I hereby certify that I attended the deceased from Sept. 22, 1947 to Sept. 25, 1947
that I last saw him alive on Sept. 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 hour

Due to Chronic Myocarditis 6 mos.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/30

Major findings: Of operations _____

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? 9

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature Joseph R. Mueller (M. D. or other) M.D.

Address 2224 St. Grand Date signed 9-26-47

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

OCT 21 1947

Dr. Jos. Mueller
2924 So. Grand Ave.

OCT 14 1947

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 Louis C Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadwa

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, above space should be left blank.