

FILED OCT 14 1947

Registration District No.

Primary Registration District No.

3008

Registrar's No.

333

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

1. PLACE OF DEATH:

(a) County Dalloway
(b) City or town Sulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp no 12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mo 6 day
(Specify whether
In this community yes
years, months or days)

3. (a) PRINT FULL NAME MARGUERITE FUELLER

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex f 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Serge Fueller 6. (c) Age of husband or wife if alive 15 years

7. Birth date of deceased May 15 1890
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 12 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name DK

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

14. Maiden name DK

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

16. (a) Informant Records State Hosp no 11

(b) Address Sulton

17. (a) Burial (b) Date thereof 10/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Walter J. Mays

(b) Address Sulton

19. (a) 10-9-1947 (b) Joak Morawickoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 127 West Elm
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 year 1947 hour 9 minute 55 P. M.

21. I hereby certify that I attended the deceased from Oct 6 1947, to Oct 7 1947, and that I last saw her alive on Oct 7 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13 B

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?

While at work (Specify type of place) (c) Means of injury

23. Signature Walter J. Mays (M.D. or other)

Address Sulton Date signed 10/7/47

RECEIVED
District Health Officer
District File No. 100-1051
Date Filed OCT 17 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.....

Theodore Skinner, Jr. Registered Apprentice No. *55*
working under my personal supervision.

Signed *J. D. Roston*
Licensed Embalmer No. *2555*
P. O. Address *Fallon 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.