

FILED DEC 22 1947

Registration District No. 318

Primary Registration District No. 10014

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(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 9th
(c) City or town Richmond Hts.
(If outside city or town limits, write "RURAL")
(d) Street No. 1227 Sunset Ave.
(If rural, give location)
(e) Citizen or foreign country? U.S. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Florence Fuldner

3. (b) If veteran, name war None 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Late Christ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sep't. 14 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business _____

12. Name W. D. Cleveland

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

14. Maiden name Olive Skelton

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

16. (a) Informant Mrs. Cordry A. Gordon

(b) Address 1227 Sunset Rich. Hts. Mo.

17. (a) Cremation (b) Date thereof 12-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 13 1947 (b) J. F. Bremer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11th 1947
year 1947 hour 2:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec. 8th 1947, to 12-11-47 1947
that I last saw her alive on 12-11-47 at 11:30 A.M.
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Stimulation
Due to Following Phaloplastomy and Appendectomy
Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/2

Major findings: Chronic Phaloplastomy
Of operations Subacute Appendicitis
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? _____

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

23. Signature John D. Herquard (M. D. or other) _____
Address _____ Date signed 12/11/47

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

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MOTHER FATHER

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 *Edwin A. M. Bennett*.....

Licensed Embalmer No. *3024*.....

P. O. Address.....

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.