

STANDARD CERTIFICATE OF DEATH

FILED JAN 16 1950

State File No.

BIRTH NO. ... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1603 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN Saint Louis, Missouri c. LENGTH OF STAY (in this place) 3 Days d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital

2. USUAL RESIDENCE a. STATE Missouri b. COUNTY c. CITY OR TOWN Saint Louis d. STREET ADDRESS 1711 N. Grand Avenue

3. NAME OF DECEASED a. (First) Emma b. (Middle) F. c. (Last) Fulton 4. DATE OF DEATH January 1st, 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed 8. DATE OF BIRTH April 25th, 1858 9. AGE (In years) 91

10a. USUAL OCCUPATION Unemployed 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE Indiana 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Crane 13b. MOTHER'S MAIDEN NAME Martha Smith 14. NAME OF HUSBAND OR WIFE Late Charles Fulton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Archie Fulton, 1711 N. Grand Blvd.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis ANCEDENT CAUSES DUE TO (b) Arterio sclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 3:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor, Cor 3 23b. ADDRESS 1300 Oak 23c. DATE SIGNED 1/3/50

24a. BURIAL, CREMATION, REMOVAL Burial 24b. DATE 1/5/50 24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery 24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri

DATE REC'D BY LOCAL REG. JAN 3 1950 REGISTRAR'S SIGNATURE J. B. Sasater 25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 N. Natural Bridge Blvd.

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Embalmer

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Allen Davis Jr......

Licensed Embalmer No. 4053.....

P. O. Address St. Louis 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.