

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2501

State File No.

FILED JAN 26 1950

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 508

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis MO		c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis	
c. LENGTH OF STAY (in this place) 13 days		d. STREET ADDRESS (If rural, give location) 5018 Farlin Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital,		1. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) JEANNETTE b. (Middle) ATHALIA c. (Last) FULLTON		4. DATE OF DEATH Jan 15 1950	
5. SEX FEMALE		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH April 9th, 1892	
9. AGE (in years last birthday) 57		10. IF UNDER 1 YEAR Months 0 Days 0	
11. IF UNDER 14 RES. Hours 0 Min.		11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Gerhold	
13b. MOTHER'S MAIDEN NAME Rose Daly		14. NAME OF HUSBAND OR WIFE Archie Fulton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Archie Fulton, 1711 N. Grand Blvd.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY ARTERIOSCLEROSIS DUE TO (c) PULMONARY INFARCT BRONCHIECTASIS	
INTERVAL BETWEEN ONSET AND DEATH 3 wks ? 5 yrs 2 wks 5 yrs		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) St Louis MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 28, 1949, to Jan 15, 1950, that I last saw the deceased alive on Jan 15, 1950, and that death occurred at 10:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE H. Lindley		23b. ADDRESS Barnes Hospital,	
23c. DATE SIGNED		23d. DATE	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	
24c. LOCATION (City, town, or county) (State) St. Louis County, Missouri		24d. DATE REC'D BY LOCAL REG. JAN 17 1950	
REGISTRAR'S SIGNATURE J. Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Bl.	

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

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 John A. Mlenan

Licensed Embalmer No. 4186

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.