

STANDARD CERTIFICATE OF DEATH

18000

State File No. ....

FILED JUN 6 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 4716

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) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2700 Osage St.		d. STREET ADDRESS (If rural, give location) 2700 Osage St.	
3. NAME OF DECEASED a. (First) Benjamin b. (Middle) F. c. (Last) Fuller			4. DATE OF DEATH Month Day Year May 20, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 11, 1880
9. AGE (In years last birthday) 71		10. MONTHS 8	11. DAYS 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Charles Fuller	
13b. MOTHER'S MAIDEN NAME cecilia De Hater		14. NAME OF HUSBAND OR WIFE Elizabeth Fuller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 489-12-6092	
17. INFORMANT'S SIGNATURE OR NAME Elizabeth Fuller		ADDRESS 2700 Osage St.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Circumstances ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown DUE TO (c) 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 <input type="checkbox"/> NO <input type="checkbox"/>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		1998	
22. I hereby certify that I attended the deceased from Jun 19, 1952, to May 20, 1952, that I last saw the deceased alive on May 19, 1952 and that death occurred at 2:10 P.M., from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS	
23c. DATE SIGNED 5/20/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 5/23/52		24c. NAME OF CEMETERY OR CREMATORY New Pikes Cemetery, St. Louis, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons	
25. ADDRESS 2630 Gravois Ave.		DATE REC'D BY LOCAL REG. MAY 21 1952	

no other info. available. Dr. said primary note embrown m.c.

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 Robert F. Gibken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

**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.