

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **25796**  
 Registrar's No. **6564**

**FILED JUL 22 1952**

**318**

REG. DIST. NO. **1003**

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|--|--|---|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. NO. _____   |  | Registrar's No. <b>6564</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo</b><br>b. COUNTY <b>2179</b> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>   |  | c. LENGTH OF STAY (in this place)<br><b>30yrs</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>   |  | d. STREET ADDRESS (If rural, give location)<br><b>17 2362 S. 39th St.</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>2362 S. 39th St.</b>   |  |   |  | d. STREET ADDRESS (If rural, give location)<br><b>17 2362 S. 39th St.</b>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Herbert S. Fulmer</b>  |  |   | a. (First) _____ b. (Middle) <b>S.</b> c. (Last) <b>Fulmer</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 5, 1952</b>   |  |
| 5. SEX <b>M</b>  |  | 6. COLOR OR RACE <b>W</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   |  | 8. DATE OF BIRTH<br><b>Jan 18 1885</b>   |  |
| 9. AGE (In years last birthday) <b>67yrs</b>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Buyer School Supplies</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Blackwell-Wieland</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Minneapolis, Iowa</b>   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  | 13a. FATHER'S NAME<br><b>Unknown</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Florence Fulmer</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Florence Fulmer 2362 S. 39th St.</b>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line (a), (b), and (c)<br><b>MI</b><br><i>MI does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MYOCARDITIS</b><br>ANTECEDENT CAUSES <b>HYPERTENSION</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>NONE</b> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 MONTHS</b><br><b>2-3 years</b>  |  |
| 19. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>NONE</b>   |  |  |  | 20. AUTOPSY?<br>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?<br><b>443X</b>   |  |  |  | 22. I hereby certify that I attended the deceased from <b>Jan 1, 1952</b> , to <b>7-5, 1952</b> , that I last saw the deceased alive on <b>7-5, 1952</b> , and that death occurred at <b>8:30 AM</b> , from the causes and on the date stated above. |  |
| 23a. SIGNATURE<br><b>Kenneth O. Wieland</b>  |  | (Degree or title) <b>MD</b>   |  | 23b. ADDRESS<br><b>1258 N. Kingshighway</b>  |  | 23c. DATE SIGNED<br><b>7-7-52</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Cremation</b>  |  | 24b. DATE<br><b>July 8, 1952</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove Crematory</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co. Mo.</b>  |  |
| DATE REC'D BY LOCAL REG.<br><b>JUL 7 1952</b>  |  | REGISTRAR'S SIGNATURE<br><b>J. C. Smith MD</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Alexander &amp; Sons</b>  |  | ADDRESS<br><b>6175 Adams</b>   |  |

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

Dr Kenneth Wilson  
1259 N Kingshighway  
Fo 7236

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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 jos. E McCallahan

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 25796  
Local Registrar's No. 6564

State of ..... }  
County of ..... } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears.....

....., who, upon ..... oath, states that the original record of birth death  
for Herbert S. Fulmer <sup>died</sup> July 5 ~~1942~~, 19 52, in the State of  
Missouri, and which was filed at St. Louis Mo <sup>at that time</sup>, 19....., should be corrected as follows:

Item No. ~~xxx 8~~ should read January 18, 1885

Instead of..... January 8, 1885

Item No. 11 should read Mediapolis Iowa

Instead of..... Minneapolis Iowa

Item No. .... should read .....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wm B Gleason Funeral Director  
Relationship.

6175 Delmar  
Present Address.

Subscribed and sworn to before me this 12 day of July, 1952

My Commission expires 3-4-53 Edward Padden Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

