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FILED FEB 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2787

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0395

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (in this place): 23 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: 2247
c. CITY OR TOWN: St. Louis,
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 3652 So. Jefferson Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle):
c. (Last): Fults

4. DATE OF DEATH (Month) (Day) (Year): Jan. 12, 1954.

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 29, 1866.
9. AGE (In years last birthday): 87. IF UNDER 1 YEAR: Months Days. IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Street Car Conductor
10b. KIND OF BUSINESS OR INDUSTRY: Car Co.
11. BIRTHPLACE (City and State or Foreign Country): Illinois,
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Christopher Fults
13b. MOTHER'S MAIDEN NAME: Elizabeth Whitaker
14. NAME OF HUSBAND OR WIFE: Minnie Fults
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): Nil.
16. SOCIAL SECURITY NO.: Unkn.
17. INFORMANT'S SIGNATURE OR NAME: Mabel Garlock
ADDRESS: 1604, Bredell Richmond Hgts

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 331X

22. *I hereby certify that I attended the deceased from* 1/4, 19 54, *to* 1/12, 19 54 *that I last saw the deceased alive on* 1/11, 19 54, *and that death occurred at* 3:55 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Otto C. Hauser M.D.
23b. ADDRESS: 3012 Lafayette
23c. DATE SIGNED: 1/14/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-15-54
24c. NAME OF CEMETERY OR CREMATORY: Waterloo City Cemetery
24d. LOCATION (City, town, or county) (State): Waterloo, Illinois.

DATE REC'D BY LOCAL REG.: JAN 14 1954
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Albert H. Hoppe
ADDRESS: 4700 Washington.

(Licensed Embalmer's Statement on Reverse Side)

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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Paul A. Wachte

Licensed Embalmer No..4...

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.