

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1955

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State File No. 9592

Registrar's No. 1782

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

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 2401 A. So. 13th., St.		d. STREET ADDRESS (If rural, give location) 23 2401 A. So. 13th., St. 2239	

3. NAME OF DECEASED (Type or Print) a. (First) Effie	b. (Middle)	c. (Last) Fults	4. DATE OF DEATH (Month) (Day) (Year) 2--- 23--- '55
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 2, 1864	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Waterloo Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Sylas Clark	13b. MOTHER'S MAIDEN NAME Eliza Hilton	14. NAME OF HUSBAND OR WIFE Chris Fults
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME John Sparks-2401 A. So. 13th., St.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <i>Hypertensive cardiac-vascular disease.</i>		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) <i>Senility</i>		
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"/>
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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)
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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? <i>4.43X</i>
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22. I hereby certify that I attended the deceased from *Feb 7, 1955*, to *Feb. 23, 1955*, that I last saw the deceased alive on *Feb. 22, 1955*, and that death occurred at *11:30P* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Walter J. Smith M.D.</i>	(Degree or title)	23b. ADDRESS <i>812 Olive Street</i>	23c. DATE SIGNED <i>2-24-55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>2-26-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Lakewood Park Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>
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DATE REC'D BY LOCAL REG. FEB 24 1955	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Moydell</i>	ADDRESS <i>Moydell Funeral Home-1926 Allen Ave</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr S Reinholdman  
812 Olive St.

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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 Reinhold K. Lehmann

Licensed Embalmer No. 3395

P. O. Address St Louis 4 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.