

0.300
0.48

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23754**
6046
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS**

c. LENGTH OF STAY (in this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **MISSOURI** b. COUNTY _____

c. CITY OR TOWN **ST. LOUIS**

d. Is Residence within limits of a city or incorporated town? Yes No **0**

e. STREET ADDRESS (If rural, give location)
26 1536 Benton

3. NAME OF DECEASED (Type or Print)
a. (First) **PALMER** b. (Middle) _____ c. (Last) **FULTZ**

4. DATE OF DEATH (Month) (Day) (Year)
JULY 13 1955

5. SEX **MALE** **6. COLOR OR RACE** **WHITE** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **MARRIED**

8. DATE OF BIRTH **AUG. 17, 1907** **9. AGE (In years last birthday)** **47**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **SPRAY PAINTER**

10b. KIND OF BUSINESS OR INDUSTRY **MALONEY ELECTRIC**

11. BIRTHPLACE (City and State or Foreign Country) **PENNSYLVANIA**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **ALEXIE Fultz.** **13b. MOTHER'S MAIDEN NAME** **JESSIE DAVIS**

14. NAME OF HUSBAND OR WIFE **CATHERINE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **unknown** **16. SOCIAL SECURITY NO.** **282-10-6965**

17. INFORMANT'S SIGNATURE OR NAME **HOSPITAL RECORD** **ADDRESS** _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **LUNG, CARCINOMA, BRONCHOGENIC UNDIFFERENTIATED**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **PRIOR TO MAR '54**

19a. DATE OF OPERATION **JUNE '54** **19b. MAJOR FINDINGS OF OPERATION** **Dx AS ABOVE (INOPERABLE)**

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) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **162X**

22. I hereby certify that I attended the deceased from 3-29-55, 19__, to 7-13-55, 19__, that I last saw the deceased alive on 7-13-55, 19__, and that death occurred at 5:25 a. m., from the causes and on the date stated above.

23a. SIGNATURE **H.S. Knotts, M.D.** (Degree or title) **23b. ADDRESS** **1515 Lafayette Avenue** **23c. DATE SIGNED** **7-13-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** **24b. DATE** **7-13-1955** **24c. NAME OF CEMETERY OR CREMATORY** _____ **24d. LOCATION** (City, town, or county) (State) **Altoona, Pennsylvania**

DATE RECEIVED BY LOCAL REG. **JUL 13 1955** **REGISTRAR'S SIGNATURE** **J. Earl Smith, M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **C.R. Lupton & Sons; 7233 Delmar Blvd.** **ADDRESS** _____

S.P. (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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarena H. Murw*.....

Licensed Embalmer No. *401*.....

P. O. Address *St Louis*.....

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

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