

FILED OCT 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32557

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2271

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MO</u> <u>4990</u> , b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits of city or town, and give township) <u>St. Louis</u>		c. CITY OR TOWN <u>MEACHAM PARK</u> <u>KIRKWOOD MO</u>	
c. LENGTH OF STAY (In place) <u>2 WKS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LOUIS COUNTY Hosp.</u> <u>361 ATTUCKS</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u>		b. (Middle) <u>FULLBRIGHT</u>	
c. (Last) <u>FULLBRIGHT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>19</u> <u>1956</u>	
5. SEX <u>MALE</u>	6. COLOR OF RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 14 1907</u>
9. AGE (In years) (Month) (Day) (Year) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DRIVING TRUCK</u>	
13a. FATHER'S NAME <u>JOHN FULLBRIGHT</u>		13b. MOTHER'S MAIDEN NAME <u>AILENE FARBRUSH</u>	
14. NAME OF HUSBAND OR WIFE <u>KATHRYN FULLBRIGHT</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>492-10-856</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kathryn Fullbright</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Empyema - Rt. Lung</u>	
18. CAUSE OF DEATH (continued)		19. INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-7</u> , 19 <u>56</u> , to <u>9-19</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9-19</u> , 19 <u>56</u> , and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph G. Ernst MO</u>		23b. ADDRESS <u>601 S. Brentwood, Clayton MO</u>	
23c. DATE SIGNED <u>9-19-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>Sept 25, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FATHER DICKSON KIRKWOOD MO</u>	
24d. LOCATION (City, town, or county) (State) <u>MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Gardella</u>	
DATE REC'D BY LOCAL REG. <u>9-25-56</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Donahue</u>	
25. FUNERAL DIRECTOR'S SIGNATURE (Licensed Embalmer)		ADDRESS <u>177 East Kirkham</u>	

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

*Frederick J. Gander*

Licensed Embalmer No. 424

P. O. Address 1308 Olden

*Wester Graves*

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.