

6200

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED MAR 4 1957

 BIRTH NO. 96784-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1236

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>14 days</u>	c. CITY OR TOWN <u>Dellwood</u> <u>4000</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>39 Glennon Memorial</u>			e. STREET ADDRESS (If rural, give location) <u>27 1630 Maldon Lane</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roberta</u>		b. (Middle) <u>Jean</u>	c. (Last) <u>Fulmer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5 1957</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Nov. 22 1956</u>	9. AGE (In years last birthday) <u>2</u> <u>13</u>	IF UNDER 1 YEAR <u>2</u> IF UNDER 1 HRS. <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William A. Fulmer</u>		13b. MOTHER'S MAIDEN NAME <u>Marjorie Sanders</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. A. Fulmer 1630 Maldon Lane</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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>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>Congenital heart disease</u> DUE TO (c) <u>(transposition of great vessels)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>Congenital</u>
19a. DATE OF OPERATION <u>2-5-57</u>	19b. MAJOR FINDINGS OF OPERATION <u>Transposition of great vessels 754/6</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (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>2-1</u> , 1957, to <u>2-5</u> , 1957, that I last saw the deceased alive on <u>2-5</u> , 1957 and that death occurred at <u>8:15</u> pm., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Dallas H. Hullman M.D.</u>			23b. ADDRESS <u>1325 So. Grand</u>		23c. DATE SIGNED <u>2-7-57</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2/7/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>			
DATE REC'D BY LOCAL REG. <u>FEB 7 '57</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Buchholz Mortuary 5967W. Florissant</u>			

(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 *W. J. Berchtold*.....
Licensed Embalmer No. 255.....

P. O. Address *A. J. ...*.....

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.