

FILED MAR 11 1957

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

6921

Registration District No.

317

Primary Registration District No.

544

Registrar's No.

431

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
a. COUNTY		St. Louis		a. STATE		Missouri b. COUNTY		St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only)		Kirkwood		c. CITY OR TOWN		Kirkwood		4673			
OR TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OR TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		St. Joseph's Hosp.		Length of stay in 1b		1 & 1/2 days		STREET ADDRESS (If outside, give location)			
						1041 N. Clay Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			First Middle Last			4. DATE OF DEATH					
Charles			W. Fullgraf			Month 13 Day Year Feb. 2, 1957					
5. SEX		6. COLOR OR RACE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (In years last birthday)			
Male		White		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		Oct. 8, 1884		72			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
Forester & Landscaping Eng.				Chas. F. Fullgraf				St. Louis, Mo.		U.S.A.	
13. FATHER'S NAME						14. MOTHER'S MAIDEN NAME					
Wm. J. Fullgraf						Anna M. Matthews					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address Rd.					
Yes World War One				487-38-3893		Dave W. Fullgraf, 479 N. Kirkwood					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]								INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Septic Aneurysm Abdominal Aorta</i>								55 hours			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Dissecting Aneurysm Abdominal Aorta</i>						?			
		DUE TO (c) <i>Aneurysm Abdominal Aorta</i>						20 least 5 years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<i>Right inguinal hernia</i>								451X			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
						Kirkwood		St. Louis		Mo.	
21. I attended the deceased from <i>1-31-56</i> to <i>2-13-57</i> and last saw her alive on <i>2-13-57</i> Death occurred at <i>11:00 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title)						22b. ADDRESS			22c. DATE SIGNED		
<i>E. McCall M.D.</i>						<i>Kirkwood 17 Mo</i>			<i>14 Feb 57</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)				
Burial		2/16/57		Lake Charles Cemetery			St. Louis County, Mo.				
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE					
Pfitzinger Mortuary, Kirkwood, Mo.				2-15-57		<i>Herbert R. Donk M.D.</i>					

(Licensed Embalmer's Statement on Reverse Side)

with, self, public, service.

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Doctor, coroner, etc. must use only standard nomenclature in item 18. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Per. E. Hoffman*
.....

Licensed Embalmer No. *42*

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.