

Health, Welfare Public Service

300 1-56

Causes in Part 18. No symptoms will be listed. All symptoms must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD CERTIFICATE OF DEATH

26111

FILED JUL 16 1957

STATE FILE NUMBER 5455

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Creve Coeur	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Pacific Hosp.		d. STREET ADDRESS (If outside, give location) Box 138 Rural Route #1	
3. NAME OF DECEASED (Type or print) First Middle Last WARNER BARRY FULLER			4. DATE OF DEATH Month Day Year 6 11 1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 12, 1901
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) V.P. & Gen. Counsel	
10b. KIND OF BUSINESS OR INDUSTRY TRRA of St. Louis		11. BIRTHPLACE (City and state or country) Terminal Railroad, Clinton, Iowa	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME George Raymond Fuller	
14. MOTHER'S MAIDEN NAME Florence Mary Warner		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	
16. SOCIAL SECURITY NO. 704-12-7187		17. INFORMANT Address Florence Fuller, Creve Coeur, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diffuse carcinomatosis			INTERVAL BETWEEN ONSET AND DEATH Over 2 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Transitional cell carcinoma of the urinary bladder.			Oct. 1956
DUE TO (c)			
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a. m. p. m.			
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	
21. I attended the deceased from Sept. 16, 56 to June 11, 57 and last saw her alive on 6/11/57 Death occurred at 3:30 a.m. 6/11/57 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE David M. Skilling Jr. M.D.		22b. ADDRESS 18 South Kingshighway	
22c. DATE SIGNED 6-11-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 6-11-57	
23c. NAME OF CEMETERY OR CREMATORY Rose City Cemetery		23d. LOCATION (City, town, or county) (State) Portland, Oregon	
24. FUNERAL DIRECTOR ADDRESS C. R. Lupton & Sons-7233 Delmar		25. DATE RECD. BY LOCAL REG. JUN 11 '57	
		26. REGISTRAR'S SIGNATURE J. Carl Smith MO	

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 *Arnold W. Schoene*

Licensed Embalmer No. *38*

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.