

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007236  
State File No. 2061

FILED MAR 10 1958

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (if this place) <u>5 days</u>		c. CITY OR TOWN <u>Clvette</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Baptist Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>800 N. Price Rd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Fuller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-19-1958</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>		8. DATE OF BIRTH <u>2-5-1870</u>	
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>14</u>		IF UNDER 12 MOS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bookbinder</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>East Liverpool Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Maddy Summer</u>		14. NAME OF HUSBAND OR WIFE <u>May Fuller</u>			
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. <u>491-12-8753</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ang Youngblood 800 So. Price Rd</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>arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral sclerosis</u> DUE TO (c) <u>Prostatic hypertrophy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>with urinary retention</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>2 mos</u> <u>1 mo</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>610x</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)		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>2-12-58</u> , 19 <u>58</u> , to <u>2-19-58</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>2-18</u> , 19 <u>58</u> , and that death occurred at <u>11: P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. J. Verduyn</u>				23b. ADDRESS <u>4500 Olive St</u>		23c. DATE SIGNED <u>2-20-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-22-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>	
DATE REC'D BY LOCAL OFFICE <u>FEB 21 58</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. Beppone Kirk</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 *Francis J. Myland Jr*.....  
Licensed Embalmer No. *4512*.....  
P. O. Address *Richmond, Va.*

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.