

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024038

STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 1544

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

1. PLACE OF DEATH a. COUNTY St. Louis		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 Overland TOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Bissell Hills 4000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Nursing Home INSTITUTION Good Shepherd		Length of stay in lb 9 Days	
3. NAME OF DECEASED (Type or print) First ARCHIE Middle ELMER Last FULTON			4. DATE OF DEATH June 7th, 1958 Month Day Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 13th, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Shoemaker		10b. KIND OF BUSINESS OR INDUSTRY Shoe Co.	11. BIRTHPLACE (City and state or country) Stanton, Illinois
13. FATHER'S NAME Charles Fulton		14. MOTHER'S MAIDEN NAME Emma Crane	
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. 493-01-5966	17. INFORMANT Address Harold Fulton, 1127 Darr Drive, 15,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) M metastatic Cancer of stomach Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 151X DUE TO (c) 151X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Malnutrition			INTERVAL BETWEEN ONSET AND DEATH 15 mo
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 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 6-9 to 6-7-58 and last saw her him alive on 6-6-58 Death occurred at 5:00 P M on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Marvin P. Peden (Degree or title)		22b. ADDRESS 100 N. Euclid	22c. DATE SIGNED 6-9-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/10/58	23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
24. FUNERAL DIRECTOR CALVIN E. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.		25. DATE RECD. BY LOCAL REG. 6-9-58	26. REGISTRAR'S SIGNATURE Wesley R. Donke, M.D.

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..... *Ralph T. Finckel*

Licensed Embalmer No. 45

P. O. Address *5170*

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.