

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050212

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3490 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 20 1963

VS 300
Rev. 4/59

1 4000
2 205
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4 3
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12 41-0
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41

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Koch		Length of stay in 1b 549 days	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Robert Koch Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1117 Clara
3. NAME OF DECEASED (Type or print) Georgia Fuller		First Middle Last	4. DATE OF DEATH Month Day Year October 26, 1963
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-15-?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 65?
13a. FATHER'S NAME Albert Chandler		13b. MOTHER'S MAIDEN NAME —	12. CITIZEN OF WHAT COUNTRY USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no)		16. SOCIAL SECURITY NO.	14. NAME OF HUSBAND OR WIFE Ples Fuller
17. INFORMANT Records of Koch Hosp. - Koch, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary infarction, acute embolism bilateral Conditions, if any, which gave rise to above cause (s), stating the underlying cause last. ASHD DUE TO (b) 4200 DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.	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 4-25-62 to 10-26-63 and last saw ^{her} alive on 10-25-63		Death occurred at 8:25 a. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Bernard Friedman		22b. ADDRESS M.D. Robt. Koch Hosp. - Koch, Mo.	22c. DATE SIGNED 10-28-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical	23b. DATE 11-15-63	23c. NAME OF CEMETERY OR CREMATORY Missouri Anatomical	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR ADDRESS Koch Hosp., Koch, Missouri		25. DATE RECD. BY LOCAL REG. 11-15-63	26. REGISTRAR'S SIGNATURE J. M. Muffley

USE BLACK INK OR TYPEWRITER RIBBON

Received by Mrs. State Anatomical Board

Not embalmed.

Calvin J. Perkins, D. D.,
Local Secretary

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.