

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

6627

**1. PLACE OF DEATH**

County St. Louis Registration District No. 791  
 Township 3320 C. Chapman Primary Registration District No. 1003  
 City St. Louis Mo. (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1574  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Miss Margaret Fuller  
 (a) Residence. No. 127 Cotton Ave. St. 16 Ward. St. Louis Co. Mo.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Christian Fuller</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 7<sup>th</sup> 1865</u>					
7. AGE	YEARS <u>62</u>	MONTHS <u>2</u>	DAY <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer					

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-10-1928  
 17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1927, to 2-10-, 1928 (that I last saw h. alive on 2-10-, 1928, and that death occurred, on the date stated above, at 12:10 a.m.)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Encephalitis Gravis  
66-13  
LOW (duration) 2 yrs. mos. da.  
 CONTRIBUTORY (SECONDARY)  
 (duration) \_\_\_\_\_ yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 1 DID AN OPERATION PRECEDE DEATH. Yes DATE 2-6-28  
 WAS THERE AN AUTOPSY. Yes  
 WHAT TEST CONFIRMED DIAGNOSIS Theriac Sol.  
 (Signed) J. Carter Lester, M. D.  
2/10, 1928 (Address) James Bed

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Germany**

10. NAME OF FATHER Unknown  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Germany  
 12. MAIDEN NAME OF MOTHER Unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Germany

14. INFORMANT Christi Fuller  
 (Address) 139 E. Cotton Ave

15. FILED 12 1928 May C. Stankov  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Park Lawn DATE OF BURIAL 2-13-1928

20. UNDERTAKER Southern U. L. Co ADDRESS 7315 S. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

