

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

Do not use this space.

3979

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **4404 Garnett**)

File No.....
 Registered No. **1228**
 St..... Ward.....

2. FULL NAME

(a) Residence. No. **4404-Garnett St.**, **15** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna Fullerton**
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 1-1873**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 0 28
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Estimator⁶²**
 (b) General nature of industry, business, or establishment in which employed (or employer) **Glass Co. Hadley Bean Co**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **St. Louis**
Mo
 10. NAME OF FATHER **Robert Fullerton**
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland 15**
 12. MAIDEN NAME OF MOTHER **Unknown**
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

14. INFORMANT **Anna Fullerton**
 (Address) **4404 Garnett**

15. **JAN 31 1931** FILED **M. C. Markley** REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 29 1931**
 17. I HEREBY CERTIFY, That I attended deceased from **Dec 10**, 19**30** to **Jan 29**, 19**31** that I last saw him alive on **Jan 29**, 19**31**, and that death occurred, on the date stated above, at **10³⁰ A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

22A Cerebral Haemorrhage
22A
97
102 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) **arterio sclerosis -**
hypertension (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....
 WAS THERE AN AUTOPSY? **no**
 WHAT TEST CONFIRMED DIAGNOSIS? **Clinical course**
 (Signed) **W. Schmidt**, M. D.
 , 19 (Address) **2708 Pynch St. Sps Mo**

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Funerary** DATE OF BURIAL **Feb 2 1931**

20. UNDERTAKER **Wacker-Heldlerle** ADDRESS **2331 S. Dwy**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

