

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **3664**)

City **St. Louis** (No. **1003**)

File No.

22826

Registered No. **6253**

St. Ward)

2. FULL NAME

(a) Residence. No. **4316^a Arsenal St.** Ward. **16**

(Usual place of abode)

(If nonresident, give city and State)

Length of residence in city or town where death occurred **4** yrs. **0** mos. **0** ds.

How long in U. S., if of foreign birth? **0** yrs. **0** mos. **0** ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF, (OR) WIFE OF

James Fuller

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb. 8 - 1864

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
67	3	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **(mil)**

(b) General nature of industry, business, or establishment in which employed (or employer). **Herk 935**

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis / Missouri

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14. INFORMANT

(Address)

Hospital, Petrace Drapp, City Hospital

15. FILED

JUN - 1 1931

Max C. Sturdivant
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 2nd 1931

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 1931, to June 2nd, 1931, that I last saw h. l. r. alive on June 2nd, 1931, and that death occurred, on the date stated above, at 8:25 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
950
97
950 (duration) **2** yrs. **0** mos. **0** ds.
General Arteriosclerosis
CONTRIBUTORY (SECONDARY) Chronic Cystitis
(duration) **7** yrs. **0** mos. **0** ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Dr. Margulies, M. D.

*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

Mo. Crematory

DATE OF BURIAL

June 5 1931

20. UNDERTAKER

Which Burial

ADDRESS

1301 S. Grand

WRITE PRINTED, 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.

