

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

Do not use this space.

35559

1. PLACE OF DEATH

County St. Louis

Registration District No. 786

Township Central

Primary Registration District No. 469

City Maplewood (No. 7363)

City Maple

File No.

Registered No. 86

St. Ward

2. FULL NAME

Lelia Louise Fuller

(a) Residence. No. 7363 - Maple St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

a. S. Fuller

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

aug 1 - 1877

7. AGE

54

YEARS

MONTHS

DAYS

IF LESS than 1 day, — hrs. or — min.

2

22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

—

(c) Name of employer

—

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Chas. W. Brittinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Orange Co. - Mo.

12. MAIDEN NAME OF MOTHER

Mary W. Bacon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Orange Co. - Mo.

14.

INFORMANT

A. S. Fuller

(Address)

7363 Maple

15.

FILED

10/24 1931 Mercedes Schuster

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct 23 1931

17.

I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to Oct 23, 1931 that I last saw him alive on Oct 22, 1931, and that death occurred, on the date stated above, at 5:30 A. M.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis
Interstitial Nephritis
Obstruction of the bowels (3 days)

CONTRIBUTORY (SECONDARY)

Cerebral hemorrhage
Arteriosclerosis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

at Home

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical Findings

(Signed) Arthur W. Webster, M. D.

10-24 1931 (Address)

Webster Homes 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

DATE OF BURIAL

Valhalla crematory

Oct 25 1931

20. UNDERTAKER

Parker Land Co

ADDRESS

Webster Homes Mo

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.

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