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.

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

Do not use this space. 36060

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10581

City St. Louis (No. City Hospital St. ..... Ward)

11713

2. FULL NAME Jack Morris Fulco

(a) Residence, No. 3117 So. Bdwy St. 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3-1931

7. AGE YEARS MONTHS DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME Vince Fulco

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER

15. MAIDEN NAME Opal Partain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Terre Haute, Ind. DATE Oct. 19 1931

19. UNDERTAKER (ADDRESS) Weick Bros 2201 S Grand

20. FILED OCT 18 1931, 19 May 6 Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3rd, 1931, to Oct. 17th, 1931

I last saw him alive on Oct. 17th, 1931. Death is said to have occurred on the date stated above, at 9.05 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

159

Bronchopneumonia Primary

Other contributory causes of importance:

Prematurity

159

Name of operation Home Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) City Hospital

Dr. D. H. Gallery