

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

Do not use this space.

NOV 25 1936

27926

1. PLACE OF DEATH

County St. Louis

Registration District No. 789

Township Central

Primary Registration District No. 6033

City St. Louis

(No. 3246 Lucas Hunt Road)

File No. 27926

Registered No. 234

St. Ward)

2. FULL NAME

Elizabeth M. Fuller

(a) Residence, No. 2837 Accomac St., Ward.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 10 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 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 William Griesbach Germany

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Marion Gerling (ADDRESS) 3837 Accomac Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE July 21 19 36

19. UNDERTAKER Shepard Funeral Home (ADDRESS) 1157 Hamilton Avenue

20. FILED 7-20 19 36 Eda Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 19 36

22. I HEREBY CERTIFY, That I attended deceased from July 15 1936, to July 18 1936

I last saw him alive on July 18 1936. Death is said to have occurred on the date stated above, at 6:50 P.M.

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

Broncho-Pneumonia Date of onset 4 days
arteriosclerosis
hemiplegia
myocarditis
 Other contributory causes of importance hemiplegia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Eda Boehmer M. D.
 (Address)

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.

