AUG - 5 1937

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

1. Do not use this space.

791

25671

**1. PLACE OF DEATH**

County ..... Registration District No. 1003 File No. 25671

Township ..... Primary Registration District No. ..... Registered No. 6845

City St. Louis (No. 2344 Arkansas Ave/ St. ..... Ward)

**2. FULL NAME** Elsie M. Fulkerson

(a) Residence, No. 2344 Arkansas Ave. St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1889

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 35 | 47 | 9 | 7 | |

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester N.Y.

FATHER

13. NAME John Bolton

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

MOTHER

15. MAIDEN NAME Esther Raybould

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

17. INFORMANT (ADDRESS) Alvin F. Fulkerson 2344 Arkansas Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE 7-19 1937

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED JUL 17 1937 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/15, 1937, to 7/16, 1937

I last saw her alive on 7/16, 1937. Death is said to have occurred on the date stated above, at 10:15 m. P.M.

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

Coronary thrombosis

Date of onset

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — 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? NO

If so, specify .....

(Signed) P. G. Moskop, M. D.

(Address) 3554 VICTOR ST ST. LOUIS

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.

899

3701 Hartford