

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH **791**

36075  
Do not use this space.

Registered No. **9652**

1. PLACE OF DEATH

(a) County ..... Registration District No. **1003**  
(b) Township ..... Primary Registration District No. **2**  
(c) City **St. Louis** (d) Street No. **2928 Dodier St.** ..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**Wilbur N. Fuller**  
(a) Residence, No. **2928 Dodier St.** ..... St. **10**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Mabel M. Fuller**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 5th, 1881**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**56 9 10**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Principle**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Beaumont High School**  
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) **Michigan**

13. NAME **Joseph B. Fuller**

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

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Mabel M. Fuller**  
**2928 Dodier St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE **Oct. 18th, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **W. E. Bredeck**  
**1905 Union Blvd.**

20. FILE NO. **OCT 18 1937** **J. P. Bredeck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 15th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 4** 19**37**, to **Oct 12**, 19**37**.

I last saw him alive on **Oct 12**, 19**37**. Death is said to have occurred on the date stated above, at **6:30 P.M.**  
The principal cause of death and related causes of importance were as follows:

**Coronary artery disease**

Date of onset **Several years ago**

Other contributory causes of importance:

Name of operation ..... 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? **No**  
If so, specify

(Signed) **W. E. Bredeck**, M. D.  
(Address) **St. Louis, Mo**

21  
W  
G  
O

**STATEMENT BY LICENSED EMBALMER**

I, ..... Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**