

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.

JUN 9 1938

**1. PLACE OF DEATH**

County.....  
 Township.....  
 City St. Louis, Mo. (No. 3820 N. Grand Blvd.)  
 Registration District No. 791  
 Primary Registration District No. 1008

File No. 16935  
 Registered No. 4796  
 St. .... Ward .....

**2. FULL NAME**

Stillborn Fulton 435  
 (a) Residence, No. 5530A No. Ashland St. 6 Ward.  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/12/38 1:30 PM

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

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. ---  
 10. Date deceased last worked at this occupation (month and year) --- 11. Total time (years) spent in this occupation pp

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

13. NAME Harold Fulton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Elsie Delma

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT Mrs. Harold Fulton  
 (ADDRESS) 5530A N. Ashland

18. BURIAL, CREMATION, OR REMOVAL PLACE Boys of Health will dispose of the body DATE 5-27-38

19. UNDERTAKER (ADDRESS) City Health Dept

20. FILED 25 1938 19..... J. F. Brudick Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/12/38, 19.....

22. I HEREBY CERTIFY, That I attended deceased from 5/12/38, 19..... to....., 19.....

I last saw her ~~xxxx~~ stillborn!, 19..... Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Stillborn Date of onset

Other contributory causes of importance: Stillborn

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) H. J. Niebruegge M.D. M. D.

(Address) 3621 N. 20th

