

REC'D JUL 12 1938

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

20758
Do not use this space.

1. PLACE OF DEATH 2305A. Franklin Ave.
(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, Mo. (d) Street No. 2305A. Franklin Ave. Registered No. 5897
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Isabelle Fulton
(a) Residence, No. 2305A. Franklin Ave. St. 21 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX Female	4. COLOR OR RACE Col.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1878				
7. AGE	YEARS 59	MONTHS 6	DAYS 5	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss. 1			
	13. NAME Steve Brown 9			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9			
MOTHER	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
17. INFORMANT Hattie Perry (ADDRESS) 2305A. Franklin Ave.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 7/2/38				
19. FUNERAL DIRECTOR (NAME) E. L. Garner (ADDRESS) 2829 Washington Ave.				
20. FILED JUN 30 1938 J. P. Brueck Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>June 25, 1938</i>	
22. I HEREBY CERTIFY, that I attended deceased from <i>April 20, 1938</i> to <i>June 25, 1938</i> I last saw her alive on <i>June 21, 1938</i> . Death is said to have occurred on the date stated above, at <i>6 c.</i> m. The principal cause of death and related causes of importance were as follows: <i>Chronic myocarditis</i> Date of onset	
Other contributory causes of importance: <i>None</i>	
Name of operation.....	Date of.....
What test confirmed diagnosis? <i>clin.</i>	Was there an autopsy? <i>no</i>
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? <i>no</i> If so, specify <i>in a. umiller</i> M. D. (Signed) <i>W. A. Umiller</i> (Address) <i>2335 Franklin</i>	

WRITE PLAINLY WITH UNLOADING 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3994

Isaac Jerome Manlove, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 3655 Windsor Pl.

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.)

If this body is not embalmed, above space should be left blank.