REC'D SEP 12 1938

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

27075
Do not use this space.

1. PLACE OF DEATH

(a) County .....

(b) Township .....

(c) City St. Louis, Missouri (d) Street No. St. Luke's Hospital 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. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 7089

2. PRINT FULL NAME Edith Mae Fulton 435

(a) Residence, No. ..... St. NR Rolla, Missouri.
(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: Female

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: Charles J. Fulton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 15, 1874.

7. AGE: Years 64 | Months 3 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House wife

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): July 1938.

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Meramec Springs, Missouri.

FATHER

13. NAME: John Alter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Pennsylvannia.

MOTHER

15. MAIDEN NAME: Adeline Fasdick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boston Massachussettes

17. INFORMANT (ADDRESS): Miss Daisy Fulton Rolla, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. James Mo. DATE August 11, 1938

19. FUNERAL DIRECTOR (ADDRESS): Albert H. Hoppe Inc., 429 N. Euclid Ave.,

20. FILED AUG 10 1938 J. P. Biedeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1938, to Aug. 9, 1938
I last saw h. alive on Aug. 9, 1938 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:

	Date of onset
Pulmonary infarct	8-9-38
Chronic lymphatic leukemia	?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Blood exam. Was there an autopsy? yes

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) Harold F. Norman, M. D.
(Address) 3720 Washington

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

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 J. G. Sullivan

Licensed Embalmer No. 1122

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.)