REC'D FEB 10 1939

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

345
Do not use this space.

1. PLACE OF DEATH
(a) County 2 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003 Registered No. 345
(c) City St. Louis 1 (d) Street No. 1223 Warren St. St.
(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 416 Emma Fulford
(a) Residence, No. 1223 Warren St. St. 26
(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: Wife of John Fulford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 10, 1881

7. AGE: Years 57 | Months 10 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Jan. 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Enfield Illinois 1

FATHER
13. NAME: Millard Wicker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois 1

MOTHER
15. MAIDEN NAME: Unk. Feldie 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois

17. INFORMANT (ADDRESS): John Fulford 1223 Warren St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Friedens Cem. DATE: Jan. 11, 1939

19. FUNERAL DIRECTOR (ADDRESS): Suedmeyer & Sons 3934 N. 20th St.

20. FILED JAN 10 1939 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 9, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 6, 1939, to Jan 9, 1939
I last saw her alive on Jan 9, 1939. Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia (Influenzal) — Date of onset 1/6/39

Other contributory causes of importance: none

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical exam 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) Eugene L. Arnold, M. D.
(Address) 4356 Warne

(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.

4356 Warne

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STATEMENT BY LICENSED EMBALMER

I, Geo P. Schubert, Licensed Embalmer No. 2212

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Geo P. Schubert

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.)