

R 24 1939

1944  
APR 7 1939

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

12403  
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 284  
 (b) Township Arondelet Primary Registration District No. Sub. Vet. Hosp.  
 (c) City Jefferson Barracks (d) Street No. \_\_\_\_\_ 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 Unkn. yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dee B. FULLER

(a) Residence, No. 403 1/2 So. Harrison Street, St.  Kirkwood, 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Blanch Fuller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 5, 1893

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, .....hrs. or .....min.
	<u>45</u>	<u>4</u>	<u>17</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Porter

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 -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fordyce, Arkansas.

FATHER

13. NAME Dee B Fuller Sr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

MOTHER

15. MAIDEN NAME Susie ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT (ADDRESS) W. Scherer, VAF., Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks March 27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mary Wade  
4202 Finnet Ave

20. FILED MAR 24 1939 W. R. Meyer, M.D.  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1939, to March 22, 1939

I last saw him alive on March 22, 1939. Death is said to have occurred on the date stated above, at 7:25Am.

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

Bronchial Pneumonia, right upper and mid lobe.

Date of onset Unkn.

Other contributory causes of importance: 1939  
None.

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? phy. clinical manif. and lab. 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) C. W. HUGHES, Chief Med. Officer, M. D.  
 (Address) VAF., Jefferson Barracks, Mo.

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.

THIS IS A PERMANENT RECORD

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*S. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

**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.