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

REC'D JUN 12 1939

17038
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791

(b) Township..... Primary Registration District No. 1003 Registered No. 4572

or

(c) City St. Louis (d) Street No. Park Plaza Hotel 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 460 Frieda B. Fuller

(a) Residence, No. Park Plaza Hotel St. 12 220 No Kings Highway
(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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1866

7. AGE: Years 72 | Months 6 | Days 24 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. At Home

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) Ihrängen Baden Germany

FATHER

13. NAME Lazarus Baer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

MOTHER

15. MAIDEN NAME Christine --------

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

17. INFORMANT (ADDRESS) Jos. Glaser 6440 Ellenwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Sinai Cem. DATE May 19 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Herman Rindskopf 5216 Delmar Blvd.

20. FILED MAY 19 1939 J. F. Buechel Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/17 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1934 to 5/17 1939

I last saw h. alive on 5/15 1939. Death is said to have occurred on the date stated above, at 11 a.m.

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

| | Date of onset |
|---|---|
| Arterio-Sclerotic and Hypertensive Heart Disease | 5 yrs. |

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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) Arthur E. Strauss, M. D.

(Address) 539 N. Grand Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING 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.

I X16605

## 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 Charles Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

**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.**