

No. 2
-13-40
-17-39
X23159

MAR 25 1941

Registration District No. Primary Registration District No. **1003**

Registrar's No. **1417**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Homer G Phillips**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 days**
In this community **Unknown**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1901 O'Fallon**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years

3. (a) PRINT FULL NAME **Georgia Fuller**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Ed Fuller** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **Nov 5 1897**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 **3** **2** hr. min.

9. Birthplace **Helena Ark**
(City, town, or county) (State or foreign country)

10. Usual occupation **house wife**

11. Industry or business _____

MOTHER FATHER
{ 12. Name **William Glenn**
{ 13. Birthplace **Ark**
{ 14. Maiden name **Clark Jackson**
{ 15. Birthplace **Ark**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ed Fuller**
(b) Address **1901 O'Fallon St**

17. (a) **Burial** (b) Date thereof **2-13-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **McDowell**

(b) Address **3506 Franklin Ave**

19. (a) **FEB 13 1941** (b) **J. T. Buelck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **7**
year **1941** hour **6:45** minute **A. M.**

21. I hereby certify that I attended the deceased from **January 26** 19 **41** to **February 7** 19 **41**,
that I last saw her alive on **February 7** 19 **41**,
and that death occurred on the date and hour stated above.

Immediate cause of death
Probable Carcinoma of Rectum)
Rectal Stricture)
Multiple Fistula in Ano)
Recto-Vaginal Fistula)

Duration
Indef
PHYSICIAN
Underline the cause to which death should be charged statistically.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **E. A. McDowell** M. D. or other _____
Address **2601 N Whittier** Date signed **2/10/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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

William C. McDowell, Registered Apprentice No. _____
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address _____

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, fact should be so stated above.