

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23447
5799

State File No.

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town Marissa
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1941 hour 10:37 minute _____ P. M.

21. I hereby certify that I attended the deceased from
July 10 1941, to July 12 1941;
that I last saw him alive on July 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive Cardiovascular Disease
Duration 2-3 yrs

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 R. W. Woolley (M. D. or other) _____
Address 4952 Maryland Date signed 7/14

3. (a) PRINT FULL NAME Margaret Elizabeth Fulton

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Dec. 17 1907
(Month) (Day) (Year)

8. AGE: Years 33 Months 6 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Tilden Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Boyd

13. Birthplace Tilden Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Patton

15. Birthplace Oakdale Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant William Prentis Fulton

(b) Address Marissa, Ill.

17. (a) Removal (b) Date thereof 7/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tilden, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address Washington Ave.

19. (a) JUL 14 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

20
17
9

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.....

Guy W. Wilkinson

Licensed Embalmer No.....

3578-

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.