

FILED DEC 1 1941

Registration District No. 784

Primary Registration District No. J00

Registrar's No. 2298

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mt. St. Rose Sanitorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Sept. 1940 - 11-10-41
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103
(c) City or town Dexter 3
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1941 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from apr
1940 to Nov 1941;
that I last saw him alive on Nov 10 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Pulmonary Tuberculosis
Duration _____

Due to _____
Due to _____

Other conditions Emphysema Thoracis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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 Charles Chiers (M. D. or other) M.D.
Address 2602 S Broadway Date signed 11-12-41

3. (a) PRINT FULL NAME Fred Fuller
3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unk.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charlotte 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased June 1 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 5 11 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Bauer & Black Phar. Co.

MOTHER FATHER { 12. Name Charles Fuller
13. Birthplace Ironton Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Sisk
15. Birthplace Selma Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Louis L. Fuller
(b) Address Chicago, Ill.

17. (a) Removal (b) Date thereof 11-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter, Mo.

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

(b) Address 4800 Washington Ave.

19. (a) NOV 13 1941 (b) W. M. Larson
(Date received local registrar) (Registrar's signature)

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

SEP 17 1948

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 J. Wm Dimpley
Licensed Embalmer No. 13653
P. O. Address St Louis Mo

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.