

FILED MAR 17 1947 91

State File No. 1647

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

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

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:
4617 Maryland Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community XXXX
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 13 000
 (c) City or town 4617 Maryland Ave
(If outside city or town limits, write "RURAL")
 (d) Street No. City
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Ann Fulkerson

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

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

6. (b) Name of husband or wife JOSIAH W. FULKERSON 6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased Nov 1st. 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>3</u>	<u>20</u>	hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Thomas Sullivan

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

14. Maiden name UNKNOWN

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

16. (a) Informant Ada F Fulkerson

(b) Address 4617 Maryland Ave

17. (a) Burial (b) Date thereof 2/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cmet.

18. (a) Signature of Hannigan & Sheahan Und Co

(b) Address 4415 Washington Blvd.

19. (a) FEB 23 1942 J. P. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20th.
 year 1942 hour 8:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 10 to Feb 20 1942
 that I last saw him alive on Feb 18 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis with occlusion
 Duration _____

Due to _____

Due to _____

Other conditions (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 D

23. Signature J. P. Brudeck (M. D. or other) MD
 Address 1446 Grand Date signed _____

Dr. Deppel
1446 and 1447
4-8 p.m.
9-10 a.m. Thursday.

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..... *Homer H. Dritz*
Licensed Embalmer No... *3882*
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.