

S. No. 2
 FORM-5-43
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED DEC 29 1943

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11374**

1. PLACE OF DEATH:
 (a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BARNES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 month
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town University City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 563 Melville Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Warren Fuson
 (b) If veteran, name war None
 (c) Social Security No. 488-26-2350

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 16
 year 1943 hour 11:05 minute _____ P. M.
 21. I hereby certify that I attended the deceased from Nov
17, 1943, to Dec 16, 1943;
 that I last saw him alive on Dec 16, 1943;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Virginia Fuson
 6. (c) Age of husband or wife if alive 23 years
 7. Birth date of deceased October 31 1917
 (Month) (Day) (Year)

Immediate cause of death Bilateral atelactasis
 Duration _____
 Due to Peritonitis
Renal insufficiency
 Due to Break down of placenta
duodenal ulcer
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: confirms above
 Of operations _____
 Of autopsy as above

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>1</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation Lawyer

11. Industry or business _____

12. Name Levi H. Fuson

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

14. Maiden name Nell Warren

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

16. (a) Informant Dr. L.H. Fuson

(b) Address St. Joseph, Missouri

17. (a) Burial (b) Date thereof 12-18-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Missouri

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

(b) Address 4700 Washington Blvd.

19. (a) DEC 17 1943 (b) J. F. Bradeck
 (Date received local registrar) (Registrar's signature)

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 M.C. Abney (M. D. or other) _____
 Address BARNES HOSPITAL Date signed 12/17/43

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

MOTHER FATHER

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 *John Agonowski*
Licensed Embalmer No. *3398*
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.