

FILED APR 22 1944

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 3068

Registrar's No. 903

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Maplewood Nursing Home  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Five weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County St. Louis  
 (c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 223 E. Big Bend Rd.  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Viola Fuller (nee Warnke)

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Thomas Ray Fuller 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Aug. 17 1894  
(Month) (Day) (Year)

8. AGE: Years 49 Months 7 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Crete Nebraska  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Wm. J. Warnke

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Jelinek, Louise

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

16. (a) Informant Betty Ann Turner

(b) Address 223 E. Big Bend Rd.

17. (a) Burial (b) Date thereof 4/17/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem

18. (a) Signature of funeral director WEBSTER GROVES FUNERAL HOME

(b) Address WEBSTER GROVES, MO.

19. (a) APR 17 1944 (b) E. J. McHarran, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 13 year 1944 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Feb. 19 35 to April 12 1944 that I last saw her alive on April 12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebia

Due to Chondrodlastoma involving ribs, spine and skull.

Other conditions 56 & 1  
(Include pregnancy within 3 months of death)

Major findings: Chondrosarcoma of ribs and spine  
 Of operations \_\_\_\_\_  
 Of autopsy none

Duration

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? \_\_\_\_\_

23. Signature W. Alexander Smith (Specify type of place) \_\_\_\_\_ (M. D. or other) H.D.

Address Webster Groves Date signed 4-17-44

WRITE PLAINLY—USE UNFADING INK

**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 M. Meyer*

Licensed Embalmer No.

*3288*

P. O. Address

*Birkwood 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.**