

Filed **MAY 23 1947**  
318

1003

Registrar's No. **4710**

Registration District No. ....

Primary Registration District No. ....

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 days  
(Specify whether  
In this community 25 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4713 Page  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

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

4. Sex Female  
5. Color or race Col  
6. (a) Single, widowed, married, divorced Wid.  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased March 17 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 1 19 hr. min.

9. Birthplace Cape Girardeau, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business.....  
12. Name Ed Patrick  
13. Birthplace Cape Girardeau, Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Amanda Bradfield  
15. Birthplace Cape Girardeau, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie Midjet  
(b) Address 1910 E. N. Taylor

17. (a) BURIAL (b) Date thereof 3-10-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oakdale Cem.

18. (a) Signature of funeral director Manuel  
(b) Address 4059 Finney Ave.

19. (a) MAY 10 1947 (b) J. J. Bradfield  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1947 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from 4-15, 1947 to 5-6, 1947,  
that I last saw her alive on May 6, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Duration Undet.

Due to.....  
Due to.....

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autops: No

PHYSICIAN  
Underline the cause of 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?..... (Specify type of place)

23. Signature J. J. Bradfield (M. D. or other).....  
Address 2601 E. Whittier Date signed 5/9/47

WRITE PLAINLY—USING 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.....

*W. Claude Gordon*

Licensed Embalmer No.....

*3489*

P. O. Address.....

*4575 Aldine*

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.