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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25535

Registrar's No. 6509

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: DEACONESS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 2 WEEKS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS 96

(c) City or town AFTON
(If outside city or town limits, write "RURAL")

(d) Street No. 9429 BRENDA PL
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME CARRIE VERONA FULLER

3. (b) If veteran, name war — NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife JOHN A FULLER

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased OCT 31 (Month) — 1882 (Day) (Year)

8. AGE: Years 64 Months 8 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace LA MONTE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

FATHER
12. Name OSCAR P HARRIS
13. Birthplace UNKNOWN (City, town, or county) MARYLAND (State or foreign country)

MOTHER
14. Maiden name UNKNOWN TERRY
15. Birthplace UNKNOWN (City, town, or county) USA (State or foreign country)

16. (a) Informant JOHN A FULLER JR.
(b) Address WEBSTER GROVES MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY-11-1947 (Month) (Day) (Year)
(c) Place: burial or cremation LA MONTE MO.

18. (a) Signature of funeral director Parker Und Co
(b) Address WEBSTER GROVES MO.

19. (a) JUL 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 8 year 1947 hour 9:45 minute P.M.

21. I hereby certify that I attended the deceased from June 21, 1947, to July 8, 1947; that I last saw her alive on July 8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARCINOMA OF COLON	6 MONTHS
Due to	
Due to	
Other conditions METASTASES TO OMENTUM (Include pregnancy within 3 months of death)	6 MTHS

Major findings:
Of operations AS ABOVE
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? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature Louis Kertz (M. D. or other) MD
Address 337 W. Lockwood, WG Date signed 7/10/47

(Licensed Embalmer's Statement on Reverse Side)

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. C. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address. Webster Groves 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.