No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6376

FILED MAR 11 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2175

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

1. PLACE OF DEATH:
(a) County: St Louis Mo.
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 113 N 17th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: 0
(c) City or town: St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1607 Franklin (If rural, give location) 9
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: ~~Willie Fuller~~ Willie Fuller
3. (b) If veteran, name war
3. (c) Social Security No. 409 32 8341
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: 3 (Month) 10 (Day) 1906 (Year)

8. AGE: Years 41 Months 11 Days 11 If less than one day hr. min.

9. Birthplace: SHELBY COUNTY TENN. (City, town, or county) (State or foreign country)
10. Usual occupation: LABOR.
11. Industry or business: NONE
FATHER
12. Name: ALFORD ANDREW FULLER
13. Birthplace: MISSISSIPPI (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: MARY MILES
15. Birthplace: UNKOWN (City, town, or county) (State or foreign country)
16. (a) Informant: Mamie Fannie
(b) Address: Memphis Tenn.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof MAR 2 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Memphis Tenn
18. (a) Signature of funeral director: Price & Walker
(b) Address: 2829 Washington Ave
19. (a) MAR 2 1948 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st year 1948 hour 1:45 minute A. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Hemathorax following stabwound of heart inflicted with knife
Due to: in the hands of one Harvey Brown Col on 17th
Due to: St near Franklin Ave around 1:45 AM. Feb 21st 1948
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 167
Of autopsy

Duration

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): Homicide
(b) Date of occurrence: Feb 21st 1948
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)
While at work? No (e) Means of injury: See Above
23. Signature: Alfred J. Perry (M. D. or other) 3
Address: Deputy Coroner Date signed 3-2-48

Jefferson City Printing Co. (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: Ralph W Henson

Licensed Embalmer No. 3791

P. O. Address St. Louis, 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.