FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27719

FILED SEP 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7439

1. PLACE OF DEATH:

(a) County

(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: MISSOURI PACIFIC HOSP. O
(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 MISSOURI (b) County 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3935A DE TONTY 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 17

If yes, name country

3. (a) PRINT FULL NAME MYRTLE FULLERTON

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or wife DAVID

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

7. Birth date of deceased JUNE (Month) 4 (Day) 1899 (Year)

8. AGE: Years 49 Months 2 Days 19 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country) 1

10. Usual occupation HOUSEWORK

11. Industry or business

FATHER
12. Name JOHN BRIGHT
13. Birthplace (City, town, or county) ENGLAND (State or foreign country) 4

MOTHER
14. Maiden name AMELIA MASON
15. Birthplace (City, town, or county) NEW ORLEANS (State or foreign country) LA. 1

16. (a) Informant MAY FULLERTON
(b) Address 3935A DE TONTY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 26-48 (Month) (Day) (Year)
(c) Place: burial or cremation ST. PETERS

18. (a) Signature of funeral director Feet Funeral Home
(b) Address 3029 Lafayette Ave. Inc.

19. (a) AUG 25 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1948 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 21, 1948 to Aug 23, 1948
that I last saw her alive on Aug 23, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Lt. Breast with axillary Bone & Pulmonary metastasis	6 mo
~~Due to~~	
Due to 50	
Other conditions Thrombocytopenic Purpura (Include pregnancy within 3 months of death)	2 mo

Major findings:
Of operations
Of autopsy

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)

While at work? (e) Means of injury

23. Signature Royal A. Weir (M. D. ~~or other~~)
Address 462 N. Taylor Date signed 8/24/48

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. David Van Forman.

Licensed Embalmer No. 4242

P. O. Address 3029 Lafay

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.