

10-47
17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
#90870
FILED NOV 19 1948 318

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

38126
State File No. 9770
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital—Max C. Starkloff
(d) Length of stay: 0
In this community... years, months or days

3: (a) PRINT FULL NAME ALICE FULKERSON
3. (b) If veteran, name war... 3. (c) Social Security No.

4. Sex Female, race W
5. Color or race W
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife M. L. Fulkerson
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Jan 19 1877

8. AGE: Years 71, Months 9, Days 20
If less than one day hr. min.

9. Birthplace Iron County, Mo
10. Usual occupation Housewife

11. Industry or business Flight Instructor

MOTHER FATHER
12. Name Elsie Emma
13. Birthplace Unknown
14. Maiden name Elizabeth Hatley
15. Birthplace Unknown

16. (a) Informant William Byrd
(b) Address St. Louis, Mo.

17. (a) Removal (b) Date thereof Nov 10 1948
(c) Place: burial or cremation Parkview Cemetery

18. (a) Signature of funeral director Sparks
(b) Address Flat R, St. Louis, Mo.
19. (a) NOV 10 1948 (b) Registrar's signature J. B. Laster

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 2013 Park Ave
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov, day 9th, year 1948, hour 7, minute 40 P. M.
21. I hereby certify that I attended the deceased from 10/14/48 to Nov. 9th, 1948
that I last saw her alive on Nov. 9th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia (Renal failure)
Due to Arteriosclerosis and Hypertensive Cardio-vascular disease.

Other conditions: None
Major findings: Of operations: None
Of autopsy: Confirms above.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature E. G. Saberski (M. D. brother)
Address 1515 Lafayette Date signed 11/10/48

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 Murphy Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.