

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 27 1949

13762

State File No. \_\_\_\_\_  
Registrar's No. 3389

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. <u>3389</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> ✓				c. LENGTH OF STAY (In this place) <u>50 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peoples Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2905 a Thomas Avenue.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>			b. (Middle) <u>W</u>		c. (Last) <u>Fullerton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4/13/49</u>	
5. SEX <u>Male 2</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>9/6/1873</u>		9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work or department of working life, even if retired) <u>Writer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>		11. BIRTHPLACE (State or foreign country) <u>Jackson Tenn.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Richard Fullerton</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Maggie Fullerton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) (If yes, give date of service) <u>No.</u>			16. SOCIAL SECURITY NO. <u>488-09-9876</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lola Hightower, 4024 St. Ferdinand</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>						<u>3 weeks</u>	
		ANCECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) <u>none</u>							
		DUE TO (c) <u>none</u>							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>3/28</u> 19 <u>49</u> to <u>4/13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4/13</u> , 19 <u>49</u> , and that death occurred at <u>10:30</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Douglas E. Payne M.D.</u> (Degree or title)				23b. ADDRESS <u>3146, Kaelede</u>			23c. DATE SIGNED <u>4/14/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/18/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>APR 15 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Laster</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Sneed</u>		ADDRESS <u>3618-17 Easton</u>		

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

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 \_\_\_\_\_

~~Student Embalmer No.~~

working under my personal supervision.

Signed Leroy W. Dannerster

Signed.....  
Student Embalmer

Licensed Embalmer No. 4523

P. O. Address 3880 Easton Ave

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.