

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38730**  
**10354**  
Registrar's No. \_\_\_\_\_

**318**

**1003**

No. 300  
10-48

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. <b>38730</b>		Registrar's No. <b>10354</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>							
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>21 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Wellston</b>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital,</b>				d. STREET ADDRESS (If rural, give location) <b>1316 Ferguson Ave</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Blanche</b>			b. (Middle) <b>Frances</b>			c. (Last) <b>Fulgham</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 29 1949</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Dec 4 1901</b>		9. AGE (In years last birthday) <b>48</b>	10. UNDER 1 YEAR Months _____	11. UNDER 24 HRS. Days _____	12. UNDER 24 HRS. Hours _____	13. UNDER 24 HRS. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales Work</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>J.C. Penny Co</b>		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>Jos. Goehl</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Dilduster</b>			14. NAME OF HUSBAND OR WIFE <b>Charles P. Fulgham Dec.</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Frank Fulgham 1316 Ferguson Ave</b>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombosis of right middle cerebral artery and right internal carotid.</b>						INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Aneurysm of the right middle cerebral artery.</b>						Since birth.	
				DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION <b>11/26/49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Ligation of right carotid arteries in the neck - Thrombosis</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>96.</b>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>2452-X</b>							
22. I hereby certify that I attended the deceased from <b>Nov. 8</b> , 19 <b>49</b> , to <b>Nov. 29</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>Nov. 29</b> , 19 <b>49</b> , and that death occurred at <b>10:30 m</b> from the causes and on the date stated above.											
23a. SIGNATURE <b>H.C. Bradley</b>				(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Barnes Hospital</b>			23c. DATE SIGNED <b>11/29/49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec 2 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>					
DATE REC'D BY LOCAL REC. <b>DEC 1 1949</b>		REGISTRAR'S SIGNATURE <b>J.B. Lassiter</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. W. Clark 1125 Hodiament Ave</b>						

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**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.

Student .....  
Student Embalmer

Signed

*Alfred J. Doedecker*

Licensed Embalmer No. *2663*

P. O. Address *1125 Hadrian*

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.