

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43119

State File No. 04720
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

| | | | |
|---|---------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. L.</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood RR#12.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>Lindbergh Blvd.</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u> b. (Middle) <u>A</u> c. (Last) <u>FULLER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17, 1949</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 4, 1875.</u> |
| 9. AGE (In years last birthday) <u>74</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>Builder</u> | 11. BIRTHPLACE (State or foreign country) <u>Piqua, Ohio.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 13a. FATHER'S NAME <u>Andrew Fuller</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Stafford</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Dora Fuller</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dora Fuller, Kirk RR12-Box 190</u> ADDRESS _____ | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture of heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial infarction</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>422.1</u> | |
| 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) _____ | |
| 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? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>Dec. 17, 1949</u> , to <u>Dec. 17, 1949</u> , that I last saw the deceased alive on <u>Dec. 17, 1949</u> , and that death occurred at <u>12:50 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Jack A. Gregory M.D.</u> (Degree or title) | | 23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u> | |
| 23c. DATE SIGNED <u>12-17-49</u> | | 24. LOCATION (City, town, or county) (State) <u>Sappington, Mo.</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>12/20/49</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>St. Lucas</u> | | 24d. LOCATION (City, town, or county) (State) <u>Sappington, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>12-19-49</u> | | REGISTRAR'S SIGNATURE <u>Robert R. Dombae, M.D.</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp, Inc.</u> | | ADDRESS <u>Kirkwood, Mo.</u> | |

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

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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 Peter B. Dubrouillet

Licensed Embalmer No. 3691

P. O. Address Redmond High St, Md

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.