

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18066  
Registrar's No. 5236

FILED JUN 15 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri  
b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)  
OR TOWN St. Louis

c. CITY (If outside corporate limits, write RURAL and give township)  
OR TOWN St. Louis 2219

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
Homer G Phillips Hospital

d. STREET ADDRESS (If rural, give location)  
2739 a Gamble

3. NAME OF DECEASED  
a. (First) Betty  
b. (Middle)  
c. (Last) Fuller

4. DATE OF DEATH (Month) (Day) (Year)  
June 5 1951

5. SEX 3  
Female

6. COLOR OR RACE  
Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Widow 2

8. DATE OF BIRTH  
March 9, 1893

9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.)  
58 2 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Tenn.

12. CITIZEN OF WHAT COUNTRY?  
U S A

13a. FATHER'S NAME  
Ruford Horton

13b. MOTHER'S MAIDEN NAME  
Betty Horton

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Willie Mae Fuller 2739 A. Gamble St.

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) Cerebral Hemorrhage  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving DUE TO (b) Undetermined  
rise to the above cause (a) stating the underlying cause last.  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH  
Undet

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?  
321X

22. I hereby certify that I attended the deceased from 6-3, 1951, to 6-5, 1951, that I last saw the deceased alive on 6-5, 1951, and that death occurred at 3:30p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
Alvin J. Thompson M.D.

23b. ADDRESS  
2601 N Whittier St

23c. DATE SIGNED  
6-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE  
6-11-51

24c. NAME OF CEMETERY OR CREMATORY  
Greenwood

24d. LOCATION (City, town, or county) (State)  
St. Louis, County Missouri

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  
J B Lasater  
JUN 7 1951

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Ellis Funeral Home, Inc. 2820 Stoddard St.

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Frederick E. Calkin

Signed.....  
Student Embalmer

Licensed Embalmer No. 4198

P. O. Address St Louis 13

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.