V.S. No. 300
Rev. 10.48

FILED OCT 13 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 32018

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3325

4002
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Enroute County Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 82 Affton 4820
d. STREET ADDRESS (If rural, give location): 8511 Skyline Court

**3. NAME OF DECEASED** (Type or Print)
a. (First): JAMES
b. (Middle):
c. (Last): FULLERTON

**4. DATE OF DEATH** (Month) (Day) (Year): Oct. 2 1951

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Single 0
**8. DATE OF BIRTH**: Jan. 21, 1930
**9. AGE** (In years last birthday): 21 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Factory Man-Crunden
**10b. KIND OF BUSINESS OR INDUSTRY**: Martin Mfg. Co.
**11. BIRTHPLACE** (State or foreign country): St. Louis, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: James H. Fullerton
**13b. MOTHER'S MAIDEN NAME**: Marie Ferguson
**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.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Mrs. Marie Winningham 8511 Skyline

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self-ingested carbon monoxide-suffered in his automobile which was found parked on Grant Rd. by State Trooper with motor running and windows closed.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
9731
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Suicide
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): County road
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Rural St. Louis Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 10/2/51 9 P. m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Self-ingested carbon monoxide

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Arnold J. Willmann, Coroner
**23b. ADDRESS**: 3 Clayton, Mo.
**23c. DATE SIGNED**: 10/5/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial 0
**24b. DATE**: Oct. 5, 1951
**24c. NAME OF CEMETERY OR CREMATORY**: Sunset Burial Park
**24d. LOCATION** (City, town, or county) (State): St. Louis Co. Mo.

**DATE REC'D BY LOCAL REG.**: 10-5-51
**REGISTRAR'S SIGNATURE**: Herbert P. Domke M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Kriegshauser 4228 S. Kingshighway Bl.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Edwin A. McDermott

Signed.....
Student Embalmer

Licensed Embalmer No. 3026

P. O. Address.....

**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.**