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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1953

State File No. 4287

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 0050

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN: Lemay
c. LENGTH OF STAY (In this place): 7 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RR 9 Box 965

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): Lemay 4000?
d. STREET ADDRESS (If rural, give location): RR 9 Box 965

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

4. DATE OF DEATH (Month) (Day) (Year): JAN 7 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 11 1910
9. AGE (In years last birthday): 42 (If under 1 year: Months / Days; If under 1 day: Hours / Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elec TRIAN
10b. KIND OF BUSINESS OR INDUSTRY: Union Elec
11. BIRTHPLACE (City and State or Foreign Country): Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Taylor FULLERTON
13b. MOTHER'S MAIDEN NAME: Emma Beckel
14. NAME OF HUSBAND OR WIFE: Vivian FULLERTON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 490036506
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Vivian FULLERTON RR 9 Box 965

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown natural causes — Interval between onset and death: Unk
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. 7955

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): _____
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?: _____

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): Herbert R. Domke M.D. Local Registrar
23b. ADDRESS: 651 S. Brentwood Blvd.
23c. DATE SIGNED: 1/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 9/53
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Lake Meramec - Mo

DATE REC'D BY LOCAL REG.: 1-8-53
REGISTRAR'S SIGNATURE: Herbert R Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Fendler Und Co 7420 Michigan

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 1953

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 Clarence E. Kendall

Licensed Embalmer No. 4148

P. O. Address Logan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.