

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40465

FILED DEC 10 1953

State File No. _____
Registrar's No. **11355**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 11355	
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. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 23 2524 S. 12th St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospt				3. NAME OF DECEASED a. (First) Emma b. (Middle) _____ c. (Last) Fuller		4. DATE OF DEATH (Month) (Day) (Year) Nov 30 1953			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 1888		9. AGE (In years last birthday) 65 If UNDER 1 YEAR Months _____ Days _____ If UNDER 1 HR. Hour _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of previous year if retired) Laundry Worker			10b. KIND OF BUSINESS OR INDUSTRY Lenox Hotel		11. BIRTHPLACE (State or foreign country) Washington Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Haverkost			13b. MOTHER'S MAIDEN NAME Dent Know			14. NAME OF HUSBAND OR WIFE Wm. L. Fuller Dec			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 498-26-0333		17. INFORMANT'S SIGNATURE OR NAME Wilbur Fuller ADDRESS 211 N. 62nd St East St. Louis Ill.					
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19. INTERVAL BETWEEN ONSET AND DEATH _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 331X					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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 11-29 1953 to 11-30 1953 , that I last saw the deceased alive on 11-30 1953 and that death occurred at 12:30 P.M. from the causes and on the date stated above.									
23a. SIGNATURE Joseph E. Carney MD (Degree or title)				23b. ADDRESS 906 Olive			23c. DATE SIGNED 12-1-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 3 1953		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemety		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. DEC 1 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE Worck Bros ADDRESS 2201 S. Grand Blvd.				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Jos. E. Carney

Frico Bldg

Gasfield 0198

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

Ronald O. Yabuki

Licensed Embalmer No. _____

3917

P. O. Address _____

St. Louis

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.