

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 9 1955

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>116</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis Co.</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Noemandy</u> c. LENGTH OF STAY (In this place) <u>7 DAYS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Noemandy Osteopathic Hosp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, mo</u> d. STREET ADDRESS (If rural, give location) <u>4908 Plaver Ave</u>			
3. NAME OF DECEASED a. (First) <u>Sophie</u> b. (Middle) <u>S</u> c. (Last) <u>Fulkman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14 1955</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>w</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 8 - 1891</u> <u>Oshkosh, Ill</u>		9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary</u>	
11. KIND OF BUSINESS OR INDUSTRY <u>Ponfil Inc</u>		12. BIRTHPLACE (State or foreign country) <u>Ashley, Ill.</u>		13. CITIZEN OF WHAT COUNTRY? <u>USA</u>		14. FATHER'S NAME <u>Nicholas majewski</u>	
15. MOTHER'S MAIDEN NAME <u>Matmajewski</u>		16. NAME OF HUSBAND OR WIFE <u>Charles G. Fulkman</u>		17. SOCIAL SECURITY NO. <u>440-12-3391</u>		18. INFORMANT'S SIGNATURE OR NAME <u>Frank W. Jerca</u>	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		20. (If yes, give war or dates of service) _____		21. ADDRESS <u>St. Louis, Mo</u>		22. 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma of G. Ovary</u> DUE TO (c) _____				INTERNAL BETWEEN ONSET AND DEATH <u>?</u>	
19a. DATE OF OPERATION <u>1/11/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ca Ovary, Metastasis Liver, No Kidney Abnormality</u>				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) <u>St. Louis (Missouri)</u>		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>1/6</u> , 19 <u>55</u> , to <u>4/14</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1/14</u> , 19 <u>55</u> , and that death occurred at <u>10:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Emil Eubow</u>				23b. ADDRESS <u>5329 Riverview</u>		23c. DATE SIGNED <u>1/15/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan 18 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1/17/55</u>		REGISTRAR'S SIGNATURE <u>Richard H. Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stygors Sr.</u> ADDRESS <u>554 Riverview Bl.</u>			

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.....

J. W. Rister

Signed.....
Student Embalmer

Licensed Embalmer No. *3980*

P. O. Address *St. Louis, Mo*

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.