

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42063
Registrar's No. 10873

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 42063		Registrar's No. 10873	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY <i>St. Louis</i>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St Louis			c. LENGTH OF STAY (In this place) 4 wks.		c. CITY OR TOWN Lemay		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				e. STREET ADDRESS (If rural, give location) 4001 Weber <i>4001</i>					
3. NAME OF DECEASED (Type or Print) a. (First) Jessie			b. (Middle) L		c. (Last) Fulton		4. DATE OF DEATH (Month) (Day) (Year) Dec 10, 1955		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 3, 1896		9. AGE (In years last birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Schauer			13b. MOTHER'S MAIDEN NAME Amelia Eichkorn			14. NAME OF HUSBAND OR WIFE Arthur C Fulton			
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur C Fulton 4001 Weber				
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, assthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>nephrosclerosis & Diabetes Mellitus</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		260x			
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 <i>Jan 15, 1953</i> , to <i>Dec 10, 1955</i> , that I last saw the deceased alive on <i>Jan 10, 1953</i> , and that death occurred at <i>3:25 A</i> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Ralph Berg MD</i> (Degree or title)				23b. ADDRESS <i>32035 Grand</i>			23c. DATE SIGNED <i>12/10/55</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>12/13/55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>		24d. LOCATION (City, town, or county) (State) <i>Affton Mo</i>			
DATE REC'D BY LOCAL REG. <i>DEC 12 1955</i>		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J L Ziegenhein & Sons 7027 Gravois</i>				

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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.....
Signature of Student Embalmer

Signed *C. P. Kidwell*.....

Licensed Embalmer No. 3877

P. O. Address 7027 Hra

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.