

1956 THE DIVISION OF HEALTH OF MISSOURI  
FILED JAN 12 1956 STANDARD CERTIFICATE OF DEATH

42837

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 3054

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Clayton</u>	c. LENGTH OF STAY (in this place) <u>26 days</u>	c. CITY OR TOWN <u>KINLOCH</u>	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 <u>St. Louis County Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>1153 WENTON</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joshua</u>	b. (Middle) _____	c. (Last) <u>Fulghum</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-25-55</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>COL</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MARCH 15, 1952</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO.</u>	9. AGE (In years last birthday) <u>3</u> If under 1 year: Months <u>9</u> Days <u>10</u> If under 24 hrs: Hours _____ Mins. _____
13a. FATHER'S NAME <u>JONKINS FULGHUM</u>		13b. MOTHER'S MAIDEN NAME <u>OLEANER MORROW</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JONKINS FULGHUM</u> ADDRESS <u>1153 WENTON, KINLOCH</u>	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic suppurative pneumonitis with abscess + degeneration of left leg</u>		DUE TO (b) _____		<u>2 yrs</u>
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <u>LIVER, SPLEEN, KIDNEYS &amp; THYROID Metastatic abscess formation</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>492x</u>		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) _____
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 11-30, 1955, to 12-25, 1955, that I last saw the deceased alive on 12-25, 1955, and that death occurred at 10:22 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS <u>601 So. Brentwood</u>	23c. DATE SIGNED <u>12/28/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>29 DEC. '55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PARK CEMETERY</u>
DATE REC'D BY LOCAL REG. <u>12-28-55</u>		24d. LOCATION (City, town, or county) (State) <u>BERKELEY Mo.</u>
REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Kinloch, Mo.</u>

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

✓ 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 *Edward G. Flynn*.....

Licensed Embalmer No. *4444*.....

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