

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010918

STATE FILE NUMBER

Registration No. 2676

FILED APR 6 1959

Registration District No.

Primary Registration District No.

Registration No.

300
1-57

5

6

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Florissant 4051
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital		Length of stay in lb 10 Days	d. STREET ADDRESS (If outside, give location) 11 St. George Court
3. NAME OF DECEASED (Type or print) First MIDDLE LAST VERA LEE FULLERTON			4. DATE OF DEATH Month Day Year March 15th, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 15th, 1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Valley Springs Arkansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank Keeter	
13b. MOTHER'S MAIDEN NAME Eva Mae Whisnant		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Mr. Milton Bower, 11 St. George Ct.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Peritonitis DUE TO (b) Perforation of Ileum DUE TO (c) Congenital cyst of Ileum with inflammation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Abscess in Collapsed left lung for Treatment of Tbc (18 yrs ago)			INTERVAL BETWEEN ONSET AND DEATH 10 days March 5-15 1959
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE 578XA
21. I attended the deceased from March 5, 1959 to March 15, 1959 and last saw her alive on March 15, 1959 Death occurred at De Paul Hospital 8:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Thomas V. McManamon M.D.		22b. ADDRESS Medical Center of Florissant	22c. DATE SIGNED 3-16-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removal - Motor	3/16/59	Maplewood Cemetery	Florissant, Arkansas
24. FUNERAL DIRECTOR CALVIN F. FEUTZ FUNERAL HOME, St. Louis, 15, Missouri		25. DATE RECD. BY LOCAL REG. MAR 16 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

2:00 P. M. to 5:00 P. M.
Monday Sure

File in City

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 *Ralph C. Zander*
Licensed Embalmer No. *4228*
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.