

FILED OCT 26 1960

318

Primary Registration District No. 1003 Registrar's No. 10111

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St. Louis</i>		Length of stay in 1b	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Fleming Hospice</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <i>618 N. Channing Ave.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Cora</i> Middle <i>MM</i> Last <i>Fuller</i>			4. DATE OF DEATH Month <i>Oct</i> Day <i>13</i> Year <i>1960</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>5-10-1911</i>	9. AGE (last birthday) <i>49</i>	IF UNDER 1 YEAR Months <i>6</i> Days <i>3</i> Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Fred Massey</i>		13b. MOTHER'S MAIDEN NAME <i>Eva Washington</i>		14. NAME OF HUSBAND OR WIFE <i>Deceased</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>?</i>	17. INFORMANT Address <i>Delores Fitch 618 N. Channing Ave.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma Left Breast C</i> DUE TO (b) <i>Visceral metastasis</i> DUE TO (c) <i>170x</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <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 <i></i> a.m. <i></i> p.m. <i></i> Month, Day, Year <i></i>						
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	
21. I attended the deceased from <i>Feb 1960</i> to <i>Oct 1960</i> and last saw her alive on <i>Oct 13, 1960</i> Death occurred at <i>8:35</i> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Robert J. Bolton M.D.</i> (Degree or title)			22b. ADDRESS <i>1325 So Grand W.</i>		22c. DATE SIGNED <i>Oct 4 1960</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>10-21-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>			
24. FUNERAL DIRECTOR <i>Ellis Funeral Home</i> ADDRESS <i>2820 Stoddard St.</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 18 1960</i>	26. REGISTRAR'S SIGNATURE <i>Loal Smith, M.D.</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Wilton E. Culpeper

Licensed Embalmer No. _____

4198

P. O. Address _____

Shaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.