MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED APR 6 1962

-62-012664
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3439

1. PLACE OF DEATH
a. COUNTY ~~St. Louis, Missouri~~
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ~~St. Louis~~
c. CITY OR TOWN St. Louis, Missouri
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3624 S. Broadway
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Fuller, Middle Richard Last Fuller

4. DATE OF DEATH Month 3- Day 29- Year 62

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-28-82
9. AGE (last birthday) 79
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) (retired) Oiler
10b. KIND OF BUSINESS OR INDUSTRY Laclede Gas Co.
11. BIRTHPLACE (City and state or country) Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME ---- Fuller,
13b. MOTHER'S MAIDEN NAME , Louise
14. NAME OF HUSBAND OR WIFE Marie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Marie Fuller - 3624 So. Broadway Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Mesenteric Venous Occlusion — INTERVAL BETWEEN ONSET AND DEATH 18 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Gangrene of Small Intestine
DUE TO (c) 570.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Bilateral Bronchopneumonia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 3-20-62, to 3-29-62 and last saw her/him alive on 3-29-62
Death occurred at 3:35 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John A. McMahon, M.D. (Degree or title)
22b. ADDRESS 1325 So Grand
22c. DATE SIGNED 3-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE Apr. 2, 1962
23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory
23d. LOCATION (City, town, or county) St. Louis (State) Missouri

24. FUNERAL DIRECTOR WACKER-HELDERLE ADDRESS 3634 Gravois Ave.
25. DATE RECD. BY LOCAL REG. APR 2 1962
26. REGISTRAR'S SIGNATURE Hart Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	22		4/
3			
4	0		
5	1		
6			
7	1		
8	1		
9			
10			
11			
12	61-0		
13			

61

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 Thomas M. Bills

Licensed Embalmer No. 4375

P.O. Address St. Louis 23, 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.