

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013729

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

3213

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAR 28 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <b>ST. LOUIS, MISSOURI</b>		c. CITY OR TOWN: <b>ST. LOUIS, MISSOURI</b>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION: <b>St. Marys' Infirmary</b>		d. STREET ADDRESS (if outside, give location): <b>4415 Garfield Avenue</b>	

3. NAME OF DECEASED (Type or print) First: <b>Essie</b> Middle: <b>Fullen</b> Last: <b>Fullen</b>			4. DATE OF DEATH Month: <b>March</b> Day: <b>16</b> Year: <b>1963</b>		
5. SEX: <b>Female</b>	6. COLOR OR RACE: <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <b>2/28/01</b>	9. AGE (last birthday): <b>62</b>	IF UNDER 1 YEAR: Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY: <b>None</b>	11. BIRTHPLACE (City and state or country): <b>Mississippi</b>		12. CITIZEN OF WHAT COUNTRY: <b>U. S. A.</b>

13a. FATHER'S NAME: <b>George Dukes</b>		13b. MOTHER'S MAIDEN NAME: <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE: <b>Gilbert Fullen</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <b>No</b>		16. SOCIAL SECURITY NO.:		17. INFORMANT Address: <b>Gilbert Fullen 4415 Garfield Ave.</b>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Embolism following Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Hemiplegia, Left</b>		
DUE TO (c) <b>331X</b>		

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"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
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20c. TIME OF INJURY Hour: _____ 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: _____
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21. I attended the deceased from 2/5/63 to 3/16/63 and last saw her/him alive on 3/16/63  
Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): <b>Mouse N. Little M.D.</b>	22b. ADDRESS: <b>3167 Sheridan Avenue</b>	22c. DATE SIGNED: <b>3/18/63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify): <b>Removal</b>	23b. DATE: <b>3/23/63</b>	23c. NAME OF CEMETERY OR CREMATORY: <b>Washington Park</b>	23d. LOCATION (City, town, or county) (State): <b>Berkley, Missouri</b>
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24. FUNERAL DIRECTOR: <b>E. B. Kaonee</b>	ADDRESS: <b>1221 North Grand</b>	25. DATE RECD. BY LOCAL REG.: <b>MAR 19 1963</b>	26. REGISTRAR'S SIGNATURE: <b>Earl Smith, M.D.</b>
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**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

*Oliver E Crumble*

Licensed Embalmer No. 5185

P. O. Address 1221 W Grand ave

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.