

Registration District No. **FILED SEP 30 1946**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Lukes Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Elbert B. Fulks**

3. (b) If veteran, name war **No.** 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Marion** 6. (c) Age of husband or wife if alive **----** years
7. Birth date of deceased **About 1871**
(Month) (Day) (Year)

8. AGE: Years **75** Months Days If less than one day hr. min.

9. Birthplace **Moniteau Co. California Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business

12. Name **Dont Know** 9
13. Birthplace **Dont Know** (City, town, or county) (State or foreign country)
14. Maiden name **Dont Know** 9
15. Birthplace **II II** (City, town, or county) (State or foreign country)

16. (a) Informant **H. Williams**
(b) Address **California, Mo.**

17. (a) **Burial** (b) Date thereof **9-24-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Masonic Cem. California, Mo.**

18. (a) Signature of funeral director **William J. Bredbeck**
(b) Address **61702 General**

19. **SEP 22 1946** (b) **J. F. Bredbeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau** 68
(c) City or town **California** 1
(If outside city or town limits, write "RURAL")
(d) Street No. **KR**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **21**
year **1946** hour **9-** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **Sept 20, 1946 to Sept 21, 1946**
that I last saw him alive on **Sept 21, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute coronary occlusion** 4 hrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **William J. Bredbeck** (M. D. or other)
Address **3720 Washington Blvd** Date signed **9-22-46**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Gas. E. McCulloh
Licensed Embalmer No. 2460
P. O. Address 6130-Pelmar

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 this body is not embalmed, fact should be so stated above.