

REC'D FEB 21 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1792

Do not use this space.

1. PLACE OF BIRTH

 (a) County Dallaway Registration District No. 104
 (b) Township Fulton Primary Registration District No. 13008
 (c) City Fulton (d) Street No. State 14 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
Registered No. 15

2. PRINT FULL NAME

Carrie Brocher
 (a) Residence, No. Valley Park, Mo. Route 14 St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 6 20 18

 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County, Mo.13. NAME Felix Sherron14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada15. MAIDEN NAME Sara Arboget16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) How D. ... State Hwy #1 Fulton Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Kirkwood DATE 1/14/193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Glen Y. Maurin 200 East St. Fulton, Mo.20. FILED Jan 12, 1939 R. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 18, 193922. I HEREBY CERTIFY that I attended deceased from Nov. 16, 1938, to January 11, 1939
 I last saw her alive on January 11, 1939. Death is said to have occurred on the date stated above, at 11:59 p.m.
 The principal cause of death and related causes of importance were as follows:
UremiaDate of onset Jan 11, 1939

Other contributory causes of importance:

Carcinoma of Urinary Bladder IndefiniteName of operation Cholecystectomy Date of Jan 11, 1939
What test confirmed diagnosis Cholecystectomy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) George W. Farnham M. D.(Address) State Hwy #1 Fulton Mo

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 1/12/39

....., Registered Apprentice No.

working under my personal supervision.

Signed Glen Y. Mauvin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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 this body is not embalmed, above space should be left blank.