S. No. 2
M—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1947

Registration District No. 153

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20276

Primary Registration District No. 3010

Registrar's No. 196

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. FRANCIS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ONE DAYS (Specify whether years, months or days)
In this community LIFETIME

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County CAPE GIR.
(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")
(d) Street No. 1015 No HENDERSON
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA MAY BRUCHER
3. (b) If veteran, name war —
3. (c) Social Security No. 490-05-5162
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY - 5 - 1907 (Month) (Day) (Year)
8. AGE: Years 40 Months 1 Days 15 If less than one day hr. min.
9. Birthplace CAPE GIRARDEAU (City, town, or county) Mo (State or foreign country)
10. Usual occupation OFFICE WORK
11. Industry or business BUSINESS
FATHER
12. Name W. H. BROCHER
13. Birthplace ROLLA, (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name ANNIE L. ALFORD
15. Birthplace CAPE GIRARDEAU (City, town, or county) Mo (State or foreign country)
16. (a) Informant ELIZABETH BRUCHER
(b) Address CAPE GIRARDEAU, Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lorimier Cem.
18. (a) Signature of funeral director Walthers Und. Co
(b) Address Cape Girardeau Mo
19. (a) 6-24-1947 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1947 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from May 15, 1947, to June 20, 1947; that I last saw her alive on June 20, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute adrenal crises	24 hrs.
Due to: Addison's disease	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

65A

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature Charles F. Wilson (M. D. or other) M.D.
Address 727 Broadway Date signed 6-21-47

(Licensed Embalmer's Statement on Reverse Side) Cape Girardeau, Mo.

AUG 20 1941

AUG 11 1941

RECEIVED

Local Health Officer No. 4

File No. 647-825

Date Filed 6-30-47

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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau 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, fact should be so stated above.