

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35053

State File No. _____

9522

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>St. Louis, Missouri</u>)		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>DR TOWN ST. LOUIS 2259</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER</u> b. (Middle) c. (Last) <u>FULCHER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 26, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>November 6, 1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>54</u> If under 1 year: Months _____ Days _____ If under 1 mth: Hours _____ Mins. _____
11. BIRTHPLACE (State or foreign country) <u>DeSoto, Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Charles Fulcher</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Farrar</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Yes WW-1</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Voisey</u> ADDRESS <u>1916 a Sidney St. St. Louis</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>			
ANTECEDENT CAUSES DUE TO (b) <u>Bronchiectasis</u> DUE TO (c) <u>Bronchial Asthma</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>241X</u>			
22. I hereby certify that I attended the deceased from <u>Oct. 8, 1951</u> , to <u>Oct. 26, 1951</u> , that I last saw the deceased alive on <u>Oct. 26, 1951</u> , and that death occurred at <u>6:15A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Spencer Payne, M.D.</u> (Degree or title)		23b. ADDRESS <u>1515 Lafayette</u>	
23c. DATE SIGNED <u>10-26-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct. 29, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Jefferson Bks. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister</u> ADDRESS <u>U. & L. Co. 7814 S. Broadway</u>	
DATE REC'D BY LOCAL REG. <u>497 8 9 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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

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
Student Embalmer

Signed.....

Harry J. Schumacher

Licensed Embalmer No. *2679*

P. O. Address. *7814 Broadway*

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.