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FILED NOV 6 1948

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1005**

Registrar's No. **9251**

**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:  
1916a Sidney St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT Carrie Fulcher  
FULL NAME

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 12, 1877  
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 13

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Desoto Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Thomas Farrar

13. Birthplace Pilot Knob Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Marlow

15. Birthplace Pilot Knob Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma Voisey

(b) Address 1916a Sidney St.

17. (a) Burial (b) Date thereof 10/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Desoto Mo.

18. (a) Signature of funeral director John H. Gebken Sons Und. Co.

(b) Address 2630 Gravois Ave.

19. (a) OCT 26 1948 (b) J. B. Lasater  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 23 1916a Sidney St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 25th  
year 1948 hour 1,10 minute P M.

21. I hereby certify that I attended the deceased from April 4<sup>th</sup> to Oct 25<sup>th</sup>  
1948 to 1948

that I last saw her alive on Oct 25  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Chorea

Duration \_\_\_\_\_

Due to Concussion of Frontal lobe

Due to Hypertension

Other conditions Chorea  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature J. B. Lasater (M. D. or other) M.D.

Address 2800A Chippewa Date signed 10/26/48

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

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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.....

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

Signed Robert F. Gebker

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois 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 this body is not embalmed, fact should be so stated above.**