

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024505

FILED VS JUN 27 1960 318

Registration District No. Primary Registration District No. 1003

Registrar's No. 5991

STATE FILE NUMBER

DED

| | | | | | |
|--|---|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b Years | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 4509a Gibson | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last WALTER EDWARD FULCHER, SR. | | | 4. DATE OF DEATH Month Day Year 6 11 60 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 10/27/02 | 9. AGE (last birthday) 57 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur | 10b. KIND OF BUSINESS OR INDUSTRY Retired | | 11. BIRTHPLACE (City and state or country) DeSoto, Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Charlie Fulcher | | 13b. MOTHER'S MAIDEN NAME Carrie Farrar | | 14. NAME OF HUSBAND OR WIFE Nora | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 6/4/24 - 6/3/25 | | 16. SOCIAL SECURITY NO. 487-07-8768 | 17. INFORMANT Address Nora Fulcher, 4509a Gibson | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) Brain tumor, metastatic primary, lung or bowel cancer Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) Cause 1992 | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE | |
| 21. I attended the deceased from Death occurred at 4:05 A.M. | to 6-6-60 | and last saw her him alive on 6-11-60 | m on the date stated above, and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE (Degree or title) Frank A. Palazzoni M.D. | | 22b. ADDRESS 4161 Lindell | | 22c. DATE SIGNED 6-11-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6/13/60 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) St. Louis, Mo. | (State) | |
| 24. FUNERAL DIRECTOR McLAUGHLIN'S, 2301 Lafayette | | ADDRESS | 25. DATE RECD. BY LOCAL REG. JUN 12 1960 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. L. Ferris

Licensed Embalmer No. 338

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.