

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

Do not use this space.

24854

791

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No. 1025
 City, St. Louis, Mo. (No. En Route City Hospital #2) St. Ward.....
 Registered No. 7013

2. FULL NAME

Robert Tucker
 (a) Residence. No. 2338 Carr St. 21 Ward.....
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sula Tucker</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>abt 51</u>	MONTHS	DAYS
IF LESS than 1 day,hrs. ormin.		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work..... Labor
 (b) General nature of industry, business, or establishment in which employed (or employer)..... Sigset Myers
 (c) Name of employer..... Tabbals. Co.

9. BIRTHPLACE (CITY OR TOWN)..... Memphis
 (STATE OR COUNTRY)..... Tenn

PARENTS	10. NAME OF FATHER <u>Not Known</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>
	12. MAIDEN NAME OF MOTHER " "
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) " "

14. INFORMANT..... Sula Tucker
 (Address) 2338 Carr St

15. FILED..... 15 1937 Max C. Starkloff
 JUL 15 1937 REGISTERER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1930
 17. No Physician Attended
 I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19....., that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... 7:45 P. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

Insolation
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 194
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. W. Kermer M.D.
7/15 1930 (Address) Def. Coroner
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Greenwood Cemetery</u>	DATE OF BURIAL <u>7-16 1930</u>
20. UNDERTAKER <u>A. S. Beal and Co</u>	ADDRESS <u>2726</u> <u>Swanton</u>

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

