

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

Do not use this space.

22993

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis, Mo. (No. 3640 Marine St. Ward)

File No.
 Registered No. 6435

2. FULL NAME John Tucker

(a) Residence. No. 1516 Park Ave., St. 73 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5, 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Tucker

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1931 to June 5, 1931 that I last saw him alive on June 5, 1931, and that death occurred, on the date stated above, at 6:45 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23, 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 10 12

Bureau of Health - P.O. 137
 CONTRIBUTORY (SECONDARY) Prostatitis - fu
Suppurative Prostatitis (duration) 15 yrs. mos. ds.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer) Laborer
 (c) Name of employer US Eng. Dept. St. Louis, Mo.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? YES DATE OF June 5, 1931.
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Earl Smith, M. D.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER George Tucker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Carolyn Mays

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT Walter Matthews
 (Address) 3640 Marine Ave., St. Louis, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Matthews Cem. DATE OF BURIAL 6/9 - 1931
 20. UNDERTAKER Ziegenhain Bros, 2623 ADDRESS St. Louis, Mo.

15. FILED 11-9, 1931 Max C. Stanley REGISTRAR

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

