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.

THIS IS A PERMANENT RECORD

NOV 13 1934

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

Do not use this space.

37615

File No. 10061

Registered No.

791

Registration District No. 2603 1003

Primary Registration District No. 1003

1. PLACE OF DEATH

County St. Louis

Township

City St. Louis (No. 3124 North Newstead St. Ward)

2. FULL NAME Helen Tucker

(a) Residence, No. 3124 North Newstead St. 10 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced.

5A. IF ~~MARRIED, WIDOWED, OR~~ DIVORCED ~~HUSBAND OF (OR) WIFE OF~~ from Frank Kratky

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22-1879

7. AGE: Years 54 | Months 10 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steno

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER

13. NAME Cyrus Tucker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine

MOTHER

15. MAIDEN NAME Mary Luettner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

17. INFORMANT (ADDRESS) A J Lengatto 1932 North Broadway

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Calvary DATE Oct 17th 1934

19. UNDERTAKER (ADDRESS) Street & Carroll 4600 Natural Bridge Ave

20. FILED OCT 16 1934 Jos. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17th 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-8- 1934, to 10-14- 1934, I last saw h... alive on 10-8- 1934. Death is said to have occurred on the date stated above, at 1:20 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Uremia Mast Double Ovar (Nitrous)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Uremia Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas E Fox, M. D.

(Address) 3719 Hebert St. St Louis