WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

DEC 4 1936

Do not use this space.

38948

File No.

Registered No. 388

1. PLACE OF DEATH

County St. Louis — Registration District No. 790

Township ~~Clayton~~ — Primary Registration District No. 6033a

City Clayton (No. St. Louis Co. Hosp. St. Ward)

2. FULL NAME Leo Tucker

(a) Residence, No. Poplar Bluff, Mo. St., 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: male

4. COLOR OR RACE: white

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. L. Tucker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: About 22 — YEARS / MONTHS / DAYS / If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

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

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): Mo

FATHER

13. NAME: Leo Tucker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Hospital Record
(ADDRESS) Clayton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Poplar Bluff, Mo. DATE 10/17/36, 19

19. UNDERTAKER: Robert J. Ambruster
(ADDRESS) 8677 Clayton Road

20. FILED 10/17, 1936. Dr A J Tignorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/16/36, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 2 Pm m.

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

Pedestrian, hit by Frisco R.R. train at Eureka, Mo. Lacerating rt. side of head, fractured skull, maceration of all soft structure and practically complete severance of both legs at the knees. — Date of onset

Other contributory causes of importance:
Maceration of soft structure and crushing of all bony structure of left elbow, also of left hand.

Name of operation OVER — Date of

What test confirmed diagnosis? autopsy — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accid. Date of injury Oct. 16, 1936
Where did injury occur? Eureka Mo.
(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?
If so, specify

(Signed) Luke B. Timon, M. D.
(Address) 8268 Jennings Rd.
Lovers Lane, St. Louis, Mo.

10/17/36

Sec: Hemorrhage and shock. Taken to County hospital where he expired within few hours after entering.

Verdict of Jury; By being struck by Frisco Passenger train at Eureka crossing. We the jury find the accident unavoidable.