NOV 4 1936

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

Do not use this space.

39534

File No. 10573

Registered No.

1. PLACE OF DEATH
County St. Louis — Registration District No. 791
Township — Primary Registration District No. 1066
City St Louis, Missouri (No. Jewish Hospital St. Ward)

2. FULL NAME Tucker, Mr. Harry
(a) Residence, No. 1387 Montclair St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 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 Jennie Tucker.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 11 1875

7. AGE: YEARS 61 — MONTHS 9 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation 16 yrs

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

FATHER
13. NAME Mordicha. Tucker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME (Sarah -) Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Sheine or Jennie - Tucker. 1387 Mt Clair

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cheverd Kidsha DATE Oct. 22 1936

19. UNDERTAKER (ADDRESS) Oxenhandler Funeral Directors 4449 Washington Blvd

20. FILED OCT 22 1936 J. F. Bredeck. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-15-36, 19..., to 10-22-36, 19...
I last saw him alive on 10-21-36, 19... Death is said to have occurred on the date stated above, at 1:40 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerotic Heart disease
coronary occlusion

Other contributory causes of importance:

Name of operation No Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) J. G. Murray, M. D.
(Address) Jewish Hosp. Ill

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.