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

Do not use this space.

MAY 7 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 14424

Township ..... Primary Registration District No. 1003 Registered No. 3920

City St. Louis (No. 3122 Pine St. St. ..... Ward)

2. FULL NAME Charles E. Tucker

(a) Residence, No. 3122 Pine St. St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 9 1878

7. AGE: YEARS 58 MONTHS 10 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Postal Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U.S. P.O.
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): Yazoo Mississippi

FATHER

13. NAME: Walker R. Tucker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

MOTHER

15. MAIDEN NAME: Mary E. Wheatly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holly Springs Mississippi

17. INFORMANT (ADDRESS): Bruce K. Tucker 3122 Pine St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Litchfield DATE Jul 4/14 1937

19. UNDERTAKER (ADDRESS): A. Russell Undertaking Co. 2732 Pine Street

20. FILED APR 13 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 9-1937, 19

22. I HEREBY CERTIFY, That I attended deceased from July 18 1936 to April 9, 1937

I last saw him alive on April 9, 1937 Death is said to have occurred on the date stated above, at 330 A.M.

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

aortic Regurgitation about 18 mo. ago

Other contributory causes of importance: Chronic Parenchymatous Nephritis about 2 yrs

Name of operation None Date of —

What test confirmed diagnosis? urinalysis Was there an autopsy? no

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) Dr W. O. Loescher, M. D.

(Address) 327 S. Grand Blvd.

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.

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