

**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**

Township.....
City **St. Louis**

Primary Registration District No. **1003**

File No. **146003**

Registered No. **4099**

B18023

(No. **City Hospital No. 1**)

St. Ward)

2. FULL NAME

Thomas Tucker

(a) Residence, No. **3518 South Grand St.** **16** 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) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 1, 1924**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
12		8	7	17

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

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) **St. Louis, Misspuri** (STATE OR COUNTRY)

13. NAME **Thomas Tucker**

14. BIRTHPLACE (CITY OR TOWN) **IOWA** (STATE OR COUNTRY)

15. MAIDEN NAME **Dorothy Brannon**

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

17. INFORMANT **Hosp Inffo MhKent** (ADDRESS) **City Hosp. #1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Olive Cem.** DATE **4-20-37** 19.

19. UNDERTAKER **Wacker- Helderle Und. Co.** (ADDRESS) **2331 S. Broadway**

20. FILED **APR 19 1937** 19 **1937** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/17/37** 19

22. I HEREBY CERTIFY, That I attended deceased from **3/19/37**, 19, to **4/17/37**, 19.

I last saw him alive on **4/17/37**, 19. Death is said

to have occurred on the date stated above, at **12.05p**

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

Retro-Peritoneal Sarcoma of pelvis.

Date of onset

Other contributory causes of importance:

Name of operation **Exploratory - 7. hrs. op.** Date of **4-17-37**

What test confirmed diagnosis? **Geo** 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) **Albert H. Krause**, M. D. (Address) **City Hospital No. 1**

COPIES OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

