

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County St Charles Registration District No. 757
Towship _____ Primary Registration District No. 3036
City St Charles (No. 710 W. 5th St) St. _____ Ward _____

File No. 46522
Registered No. 705

2. FULL NAME Anna Tucker

(a) Residence, No. St Charles 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24th 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>71</u>	<u>3</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 26

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) St Charles mo

13. NAME Henry Gehrling 16

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Mary Goetges

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Leona Smith

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter Cemetery DATE Dec 11th 1937

19. UNDERTAKER H. C. Dalmeier & Sons Co

(ADDRESS) St Charles Mo

20. FILED 12/9 1937 Blanche J. Kessler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1937, to Dec 8 1937

I last saw h. Dec 8 1937. Death is said to have occurred on the date stated above, at 1 P. m.

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

Carcinoma of Stomach Date of onset Aug 1937

Other contributory causes of importance: 46
Myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? W. M. M. 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) T. R. Hardin, M. D.

(Address) St Charles, Mo.

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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