

REC'D JUL 25 1938

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

Do not use this space.

1. PLACE OF DEATH
 County *St. Louis*
 Township *St. Ann*
 City *St. Louis* (No. _____)

 Registration District No. *780*
 Primary Registration District No. *6025*

 File No. *22846*
 Registered No. *34*
2. FULL NAME
 (a) Residence, No. *3910th EVANS* St., *St. Louis* Ward *21.11*
 (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) *Nov 13 1890*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 6 7

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

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 *0*

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

 FATHER 13. NAME *Catauck Tucker*

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

 MOTHER 15. MAIDEN NAME *Josephine Jacques*

 16. BIRTHPLACE (CITY OR TOWN) *St. Rose* (STATE OR COUNTRY) *Massachusetts*

 17. INFORMANT *Mrs. J. Lawrence* (ADDRESS) *3910th Evans Ave St. Louis*

 18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Louis* DATE *June 8 38*

 19. UNDERTAKER *Joseph J. ...* (ADDRESS) *1389th Union Ave St. Louis*

 20. FILED *June 7 1938* *T. W. Douglas* Registrar.
MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 20 1938*

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 *U.A.* m.

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

Aspirin in the stomach. Probable accidental (Verdict of jury)

Other contributory causes of importance:

N.M.D. 183

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) *Dr. J. ...*706 (Address) *St. Louis*

WHILE FURNISHING WITH OUTFACING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully studied. 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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