

5-1940
S. No. 2
-11-10-39
5-17-39
-I X21402

FILED APR 8 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12483

State File No. _____

Registrar's No. 461

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:
 (a) County St. Louis County
 (b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Vet. Administration Facility
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Admitted Feb. 28, 1940
(Specify whether years, months or days)
 In this community unkn.

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County _____
 (c) City or town Doniphan, Route #2
(If outside city or town limits, write "RURAL")
 Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Harry C. Tucker
 3. (b) If veteran, name war World War
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 3rd
 year 1940 hour 1:00 minute _____ A. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lela 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 3, 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 28, 1940, to March 3, 1940
 that I last saw him alive on March 3, 1940
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>-</u>	<u>-</u>	hr. _____ min. _____

Immediate cause of death
Perforated Gastric Ulcer with generalized Peritonitis, perforated
February 26, 1940.

9. Birthplace Mayfield, Kentucky
(City, town, or county) (State or foreign country)

Other conditions None
(Include pregnancy within 3 months of death)
 Duration _____
 Physician _____

10. Usual occupation Laborer
 11. Industry or business _____
 12. Name Stewart Tucker
 13. Birthplace Mayfield, Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Maggie Kinsey
 15. Birthplace Mayfield, Kentucky
(City, town, or county) (State or foreign country)

Major findings: See cause of death.
 Of operations Operation: Laparotomy with drainage, Feb. 29, 1940.
 Of autopsy No autopsy.

16. (a) Informant Clinical Clerk
 (b) Address VAF, Jeff. Bks., Mo.
 17. (a) BURIAL (b) Date thereof MARCH 6 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation NATIONAL CEMETERY

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) NO.
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City, or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director C. Hoffmeister
 (b) Address 7814 S. Birch
 19. (a) MAR 5 - 1940
(Date received local registrar) (Registrar's signature)

23. Signature C. W. Hughes, M.D.
(Specify type of place) (Means of injury)
 Chief Medical Officer (M. D. or other)
 Address VAF, Jeff. Bks., Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Linus C. Hoffmeister

Licensed Embalmer No. *3871*

P. O. Address *7814 Broadway*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.