

Registration District No. 79427

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County: St. Louis  
(b) City or town: St. Louis  
(c) Name of hospital or institution: Home Hospital  
(d) Length of stay: In hospital or institution 260 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St. Louis  
(c) City or town: St. Louis  
(d) Street No.: 2818 Spruce  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Otis Tucker

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

4. Sex: Male 5. Color of race: Ch 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Nora 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years 38 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation: Labourer

11. Industry or business: \_\_\_\_\_

12. Name: Tucker

13. Birthplace: \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name: \_\_\_\_\_

15. Birthplace: \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant: Jesse Gray - P.D.

(b) Address: 2673 Lincoln

17. (a) \_\_\_\_\_ (b) Date thereof: \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation: Washington

18. (a) Signature of funeral director: J. R. ...

(b) Address: \_\_\_\_\_ (c) Date received local registrar: 1940

19. (a) \_\_\_\_\_ (b) Registrar's signature: J. F. ...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 18 year 1940 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Thrombosis following Septic State Wound of his right arm Reptured Distended Venous Circulation of Right Arm

Other conditions: inflicted at the hands of Major ... Nancy Tucker with ... on ...

22. If death was due to natural causes, fill in the following: (a) Accident, suicide, or homicide (specify): Just Homicide

(b) Date of occurrence: 4/26/40

(c) Where did injury occur? St. Louis

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury: \_\_\_\_\_

23. Signature: Jessie M. ... (M. D. or other) \_\_\_\_\_

Address: Deputy Coroner

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**