

No. 2  
4-13-40  
-17-39  
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **5689**  
Registrar's No. **1937**

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Homer G Phillips**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **47 days**  
(Specify whether)  
In this community **22 years**  
years, months or days)

3. (a) PRINT FULL NAME **Clara Tucker**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **Unk**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Sep**

6. (b) Name of husband or wife **Unk** 6. (c) Age of husband or wife if alive **Unk** years

7. Birth date of deceased **May 12, 1876**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **9** Days **4** If less than one day hr. min.

9. Birthplace **Tenn**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Unk**

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

12. Name **Monroe Hyde**

13. Birthplace **Tenn**  
(City, town, or county) (State or foreign country)

14. Maiden name **???????**

15. Birthplace **???????**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Norman A Spotts**  
(b) Address **Phillips Hospital**

17. (a) \_\_\_\_\_ (b) Date thereof **2-19-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Louis**

18. (a) Signature of funeral director **W. R. Ritten**

(b) Address **3599 Broadway**

19. (a) **FEB 28 1941** (Date received local registrar)  
**J. J. [Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**  
(c) City or town **St Louis** (If outside city or town limits, write "RURAL") **25**  
(d) Street No. **806 N 13th** (If rural, give location) **0**  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **16**  
year **1941** hour **4:50** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **December 31, 1941** to **February 16, 1941**; that I last saw her alive on **February 16, 1941**; and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease** Duration **10-12mos**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **Of operations**  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury) **D.**

23. Signature **Edell W. Dutoch** (M. D. or other)  
Address **2601 N Whittier** Date signed \_\_\_\_\_

**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, fact should be so stated above.**