

S. No. 2
1-14-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9319**
Registrar's No. **2669**

FILED APR 13 1942
Registration District No. **7091**

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:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 10 years
years, months or days)

3. (a) PRINT FULL NAME WALTER TUCKER
3. (b) If veteran, name war none
3. (c) Social Security No. 493-01-4622

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pearlena
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased January 21, 1902
(Month) (Day) (Year)

8. AGE: Years 40 Months 2 Days 3
If less than one day
..... hr. min.

9. Birthplace Gladden, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business American Car Foundry Co.

12. Name Washington Tucker

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

14. Maiden name Addie Needham

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

16. (a) Informant James W. Miller

(b) Address 4991a Arsenal Street

17. (a) Burial (b) Date thereof Mar. 26, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leasburg, Missouri

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) MAR 25 1942 (b) J. F. Proctor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 24
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2827 South Seventh Street
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1942 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

2nd and 3rd Degree burns of both lower extremities, back abdomen and arms when he walked past a open furnace with rags soaked rag at the American Car and Foundry Co. 14 St George St about 8:45

Other conditions 3/23/42
(Include pregnancy within 4 months of death)

Major findings: No damage to lungs
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) Accident

(b) Date of occurrence 3/23/42

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

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

While at work? 23
(Specify type of place) (Specify type of injury)

23. Signature Charles Berry (M. D. or other)

Address Spudgerry Date signed 3/28/42

JUN 28 1946

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.

Signature L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.