S. No. 2
M—5-42
V. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36005

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9891

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

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Lukes Hospital. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000 17

(c) City or town Saint Louis, 19 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4471 Olive Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME Louise E. Tucker

3. (b) If veteran, name war

3. (c) Social Security No. 488-10-3586.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Royal Tucker

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased September (Month) 17th, (Day) 1917 (Year)

8. AGE: Years 25 Months 2 Days 7 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) North Dakota (State or foreign country)

10. Usual occupation House-Wife

11. Industry or business

FATHER 12. Name Frank Brewer

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

MOTHER 14. Maiden name Lucille Rader

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

16. (a) Informant Royal Tucker

(b) Address 4471 Olive Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28-1942. (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Ziegenhein Bros.

(b) Address 6408 Gravois Ave.

19. (a) NOV 24 1942 NOV 27 1942 (Date received by registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24th, year 1942. hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov 20/42, 19..., to Nov 24, 1942, that I last saw her alive on Nov 24/42, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal perforation and obstruction of	3 days.
Due to: small & large bowel	
Due to:	
Other conditions: Pregnancy 6 mo (Include pregnancy within 3 months of death)	

Major findings: Of operations: Intestinal perforation and obstruction

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. S. Homan O (M. D. ~~or other~~)

Address 4403 Delmar Ave Date signed Nov 26/42

(Licensed Embalmer's Statement on Reverse Side)

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address 6409 Gravois

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.