

S. No. 2  
OM-5-42  
ev. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42095**

FILED JAN 15 1949

Registration District No. **184** Primary Registration District No. **115** Registrar's No. **2810**

96  
533

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

1. PLACE OF DEATH:  
(a) County **St. Louis, Missouri.**  
(b) City or town **St. Louis, Missouri.**  
(c) Name of hospital or institution: **Christian Old Folks Home 5**  
(d) Length of stay: In hospital or institution. **17 years**  
In this community **17 years, months or days**

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.") **9**  
(d) Street No. **6600 Washington Blvd.,** (If rural, give location)  
(e) Citizen of foreign country? **(Yes or No)**  
If yes, name country **/**

3. (a) PRINT FULL NAME **Nellie Tucker**  
3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec** day **29**  
year **1942** hour **?** minute **?** M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **2 divorced Widowed**  
6. (b) Name of husband or wife **George Tucker** 6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **October 20 1861**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **?** 19**42**, to **Dec 29 - 1942**, that I last saw him alive on **Dec 27 - 1942** and that death occurred on the date and hour stated above.  
Immediate cause of death **Cancer of Stomach (Carcinoma)** Duration **?**

8. AGE: Years **81** Months **2** Days **9** If less than one day **hr. min.**

Due to **?**  
Due to **?**  
Other conditions **Anemia** (Include pregnancy within 3 months of death)  
Major findings: **H.6**  
Of operations **?**  
Of autopsy **?**

9. Birthplace **Fredricktown Mo. 0** (City, town, or county) (State or foreign country)  
10. Usual occupation **House wife**  
11. Industry or business **Home**  
12. Name **John Schultz**  
13. Birthplace **Prairie County Mo. 0** (City, town, or county) (State or foreign country)  
14. Maiden name **Mary Jane Mounce**  
15. Birthplace **Unknown 9** (City, town, or county) (State or foreign country)  
16. (a) Informant **Mrs. Florence Cole**  
(b) Address **Springfield, Ill.**  
17. (a) **Burial** (b) Date thereof **12/31/42** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Valhalla Cemetery**  
18. (a) Signature of funeral director **Albert H. Hoppe, Inc**  
(b) Address **4700 Washington Blvd.**  
19. (a) **DEC 31 1942** (b) **C. G. McQuinn** (Date received local registrar) (Registrar's signature)

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) (c) Means of injury **?**  
23. Signature **A. P. Ryan** (M. D. or other) **?**  
Address **657 N. Grand St. N.** Date signed **12-20-42**

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

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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.....

*Albert G. Hoffa*

Licensed Embalmer No..... *2971*

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.**