

FILED JUN 14 1943 318

Primary Registration District No. 1005

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
2504 N. 11th St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community about 30 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2504 N. 11th St  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lawrence P. Tucker

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 3, 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>3</u>	hr. _____ min.

9. Birthplace Lubouque Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation nil

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

MOTHER FATHER

12. Name Neruis Tucker

13. Birthplace Scott County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Marta Young

15. Birthplace Scott County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Tucker

(b) Address 2504 N. 11th St

17. (a) burial (b) Date thereof 6-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director J. F. Brudeck

(b) Address 228 St. Louis Ave

19. (a) JUN 7 1943 (b) J. F. Brudeck  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 6  
year 43 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from October 1942 to June 4 1943  
that I last saw him alive on June 4 and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Duration 1 week

Due to Hypertensive Cardiac-vascular Disease

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)

(c) Means of injury \_\_\_\_\_

23. Signature Gov. Louis Taylor (M. D. or other) MD  
Address 1005 Big Bend Rd Date signed 6-7-43

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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 *Marie A. Cashion*  
Licensed Embalmer No. *3949*  
P. O. Address *St. Louis Mo*

**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.**