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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23575

Registration District No. 318 Primary Registration District No. 1093 Registrar's No. 6727

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days)

In this community

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. Garrick Hotel 6th & Chestnut
(If rural, give location)

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

If yes, name country

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3. (a) PRINT FULL NAME William Alfred Tucker

3. (b) If veteran, name war World War #1

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 11 (Day) 1891 (Year)

8. AGE: Years 52 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Dickson (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Cook

11. Industry or business

FATHER 12. Name Robert Henry Tucker

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

MOTHER 14. Maiden name Sarah Jane Tanner

15. Birthplace Dickson Co. (City, town, or county) Tenn.

16. (a) Informant Lillian May Wallace

(b) Address 1719 Market St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27, 43 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hofmeister U.A.L.Co.

(b) Address 7814 S. Broadway

19. (a) JUL 26 1943 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18, year 1943 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from July 13, 1943 to July 18, 1943 that I last saw him alive on July 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction due to arteriosclerosis

Due to: Coronary Thrombosis

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above

Duration

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 William J. Park (M. D. or other)

Address 1515 Lafayette Avenue, Date signed 7/19/43

(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 Paul A. Franklin, Registered Apprentice No. _____, working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address 78 So. Broadway

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.