

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1090**  
Registrar's No. **489**

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
FILED FEB 26 1944

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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**  
**Max C. Starkloff Memorial**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **25 days**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis,** (If outside city or town limits, write "RURAL") **12 523**  
(d) Street No. **1306 So. Broadway**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Floyd Tucker**

MEDICAL CERTIFICATION

3. (b) If veteran, name war **World War #1** 3. (c) Social Security No. **489-10-3021**

20. DATE OF DEATH: Month **January** day **14** year **1944** hour **7:35** minute **A** M.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **3 divorced**

21. I hereby certify that I attended the deceased from **December 21**, 19**43** to **January 14**, 19**44**; that I last saw him alive on **January 14**, 19**44**; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **Anna Goldsmith** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 17th 1895**  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

8. AGE: Years **48** Months **5** Days **27** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **Pulmonary Tuberculosis moderately advanced**

9. Birthplace **Mine Lamonte, Missouri**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation **Laborer**

Other conditions (Includes pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business **Midwest Pipe & Supply Co.**

Major findings: Of operations \_\_\_\_\_

12. Name **George Tucker**

Of autopsy \_\_\_\_\_

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

14. Maiden name **Nellie Schultz**

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

16. (a) Informant **Anna Tucker**

(b) Address **1409 S. 27th St.**

17. (a) **Burial** (b) Date thereof **1/18/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cem. St. Louis**

18. (a) Signature of funeral director **A. W. M. Laughlin**

(b) Address **2301 Lafayette Ave.**

19. (a) **JAN 17 1944** (b) **J. F. Budeck**  
(Date received local registrar) (Registrar's signature)

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 kind of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **W. Wade** (M. D. or other) \_\_\_\_\_  
Address **1515 Lafayette Avenue** Date signed **1/14/44**

JUN 28 1942

**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 *R.R. Cooney*

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 the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**