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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23498

State File No.

FILED JUL 21 1944

Registration District No. 348

Primary Registration District No. 1003

Registrar's No. 6253

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

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 #1 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 23

(c) City or town St. Louis 92
(If outside city or town limits, write "RURAL")

(d) Street No. 2632 Lafayette Avenue
(If rural, give location)

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

If yes, name country -------- 0

3. (a) PRINT FULL NAME Jesse W. Tucker

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

3. (c) Social Security No. 498-10-7542

4. Sex Male

5. Color or race White 0

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

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

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased January (Month) 14th (Day) 1895 (Year)

8. AGE: Years 49 Months 5 Days 29 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business St. Louis Ordnance Depot

FATHER
12. Name Unknown Tucker
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Oramel E. Hinds -step-daughter

(b) Address 3701A Oregon Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7--15-1944 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery, Jefferson Barracks, Mo.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) JUL 14 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th year 1944 hour 9 minute 05 A.M.

21. I hereby certify that I attended the deceased from July 7th, 1944 to July 13th, 1944 that I last saw him alive on July 13th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to

Due to

Other conditions Ruptured appendix with localized appendicitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured appendix, localized abscess, fistula of small bowel, gangrene of cecum.
~~Of autopsy~~

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)

(e) While at work? (e) Means of injury

23. Signature [signature] (M.D. or other)

Address 1515 Lafayette Date signed 7/13/44

(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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 782 Lemay Ferry Rd.

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.