

FILED JAN 15 1948

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **10902**

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:
Enroute to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 years, months or days

3. (a) PRINT FULL NAME Nolan Tucker
3. (b) If veteran, name war World Warr# 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: June 22 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 27 If less than one day hr. _____ min.

9. Birthplace Cadiz Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business General Cable Co.

12. Name Joseph Tucker

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

14. Maiden name Cynthia Malinda Williams

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

16. (a) Informant Ira Tucker

(b) Address 3616a Cottage Ave.

17. (a) Removal (b) Date thereof 12-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paducah, Kentucky

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) DEC 21 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 17 11
(If outside city or town limits, write "RURAL")
(d) Street No. 3616a Cottage
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19
year 1944 hour 11:00 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage Duration _____
from traumatic laceration of liver
when he was struck by a
submersible being driven by one
George Sheldon at the intersection
of Grand Montgomery Avenue
11:30 P.M. December 19, 1944 the
motor condition being to stop at the scene of the
accident.
(Include pregnancy within 3 months of death)

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) Homicide
(b) Date of occurrence Dec 19, 1944
(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, industrial place, in public place?
Public Streets
(Specify type of place)
While at work _____ (e) Means of injury as above
23. Signature Albert H. Hoppe (M. D. or other)
Address _____ Date signed 12/22/44

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

MOTHER FATHER

MAY 28 1947

APR 2 1945

Embalmer's Rep Cert filed

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.....

Licensed Embalmer No.....

P.O. Address.....

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.

Registration District No. 318 Primary Registration District No. 1003

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Nolan Tucker
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 22 1944
(Month) (Day) (Year)
8. AGE: Years 55 Months 5 Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Ky

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3618a Cottage Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec Day 19 Year 1944 Hour _____ minute 30 P.M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Internal hemorrhage from traumatic laceration of heart when he was struck by a automobile being driven by one Forrest Madden at the intersection of Grand and Brentwood around 11:20 pm December 19, 1944 driver failing to stop
Other conditions: apical scene of accident
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____ 170e-4
2-1

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Dec 19 1944
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
While at work? _____ (Specify type of place) (e) Means of injury Auto
23. Signature Alfred Purvis (M. D. or other)
Address City of St Louis, Missouri Date signed 12/19/44

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

SUPPLEMENTAL

1947
S-39853