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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 29 1945

Registration District No. 3

Primary Registration District No. 3063

Registrar's No. 2695

1. PLACE OF DEATH:

(a) County St Louis Co.

(b) City or town Valley Park, Clayton
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST Louis Co.

(c) City or town Valley Park
(If outside city or town limits, write "RURAL")

(d) Street No. 704 Marshall Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas D Tucker Jr.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22
year 1944 hour 11 minute P M.

4. Sex male

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 22 1938
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>6</u>	<u>8</u>	<u>0</u>	_____ hr. _____ min.

Immediate cause of death When struck by an automobile while a pedestrian on a public highway.

Due to Compound fracture of left leg; Bruise on back of head;

Due to multiple bruises of head.

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Renault ILL.
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy Yes.

Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

12. Name Thomas D Tucker

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

14. Maiden name Eisa Quick

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident.

(b) Date of occurrence Dec. 22, 1944

(c) Where did injury occur? Valley Park, Mo.
(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? _____

Signature Arnold J. Willmann Coroner (M. D. or other)

Address Clayton, Mo. Date signed 12-26-44

16. (a) Informant Thomas D Tucker

(b) Address 704 Marshall Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/44
(Month) (Day) (Year)

(c) Place: burial or cremation Bunker Cemetery

18. (a) Signature of funeral director Louis H Bopp Inc.

(b) Address Kirkwood Mo

19. (a) DEC 26 1944 (Date received local registrar)

(b) E. J. McManis (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 with the above constitutes grounds for revocation of license.)

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER {

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address.....

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

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 sta-
tistically.

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)
(e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

(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.....

^{Prop} Jan M. Seymour

Licensed Embalmer No. 4343

P. O. Address 7415 Zephyr Pl.
Maplewood, N.J.

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.