

FILED MAY 31 1946

Registration District No. **348** 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:
Barnard Skin and Cancer 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 _____
years, months or days)

3. (a) PRINT FULL NAME **Ernest T. Tucker**

3. (b) If veteran, name was **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex **m** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Edith Tucker** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **February 20 1887**
(Month) (Day) (Year)

8. AGE: Years **59** Months **2** Days **16** If less than one day hr. min.

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

10. Usual occupation **Instructor**

11. Industry or business **School**

12. Name **John Tucker**

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

14. Maiden name **Jennie Nanley**

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

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

(b) Address **Cardwell, Mo.**

17. (a) **Removal** (b) Date thereof **5-6-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Paragould, Arkansas**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **MAY 6 1946** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **May**
year **46** hour **5** minute **30** A.M.

21. I hereby certify that I attended the deceased from **April 9** to **May 6** 19**46**
that I last saw him alive on **May 6** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Illness right side of neck involving Carotid artery**

Due to **(a) Carotid artery (b) Pneumonia right**

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: **Cancer right side neck involving Carotid artery**

Of autopsy **None**

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 **Unal H. H. H.** (M.D. or other)

Address **Barnard Skin Cancer Hosp** Date signed **May 6 1946**

4126

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. 40533
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.