

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED SEP 24 1946
318

State File No. _____
Registrar's No. **7921**

Registration District No. _____ Primary Registration District No. **1003**

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

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:
5826 Pershing Ave.
(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 Margaret Ann Tucker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James Henry Tucker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 12 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	8	0	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Thomas Sobey

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

14. Maiden name Ann Duggan

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

16. (a) Informant Miss Isabel Tucker

(b) Address 5826 Pershing Ave.

17. (a) Burial (b) Date thereof 9-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) SEP 13 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 5826 Pershing Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12
year 1046 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from _____ 1935, to Sept. 12 1946
that I last saw her alive on Sept. 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chronic 15 yrs.

Due to _____

Due to _____

Other conditions Arteriosclerosis 15 yrs.
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy None

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) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

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

23. Signature: Robert J. Farrell (M. D. or other) 0

Address 624 Union Date signed 9/13/46

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.