

No. 2  
-12-45  
-17-39  
1 X47070

State File No. ....

FILED JUN 13 1947

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5396**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Pronounced dead at City Hospital 3**  
(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 **Wm. L. Tucker**  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color of 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..... (Month) (Day) (Year)

8. AGE **abt 55** Years Months Days If less than one day hr. min.

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

10. Usual occupation **unemployed**

11. Industry or business.....

MOTHER FATHER  
12. Name **Thomas Tucker**  
13. Birthplace **St. Louis, Mo** (City, town, or county) (State or foreign country)  
14. Maiden name **Brian Bong**  
15. Birthplace **St. Louis, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **JANE TUCKER**

(b) Address **1246 N. EUCLID AVE**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **6-2-1947** (Month) (Day) (Year)  
**Calvary Cemetery**

(c) Place: burial or cremation **Harrigan & Shearan**

18. (a) Signature of funeral director **4415 Washington Bl**

(b) Address **JUN 1** (c) **J. F. Braseek** (Registrar's signature)

19. (a) (Date received local registrar) (b) (Date received from other registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **ood**  
(c) City or town **St Louis** (If outside city or town limits, write "RURAL")  
(d) Street No. **1233 N. Euclid** (If rural, give location)  
(e) Citizen **12** foreign country? (Yes or No) (If yes, name country)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **31** year **1947** hour **5** minut **30** M.

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.

Immediate cause of death..... Duration  
Due to **Coronary Occlusion**  
Due to **Coronary Sclerosis**  
Other conditions **9412**  
(Include pregnancy within 3 months of death)  
Major findings:.....  
Of operations.....  
Of autopsy.....  
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?

While at work?..... (Specify type of place) (e) Means of injury.....  
23. Signature **J. Taylor D.C. 3** (M.D. or other)  
Address **Lawrence** Date signed.....

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

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**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 *Albert G. Kayne*

Licensed Embalmer No. 2970

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.