

FILED JUL 21 1948

Primary Registration District No. **1003**

Registrar's No. **6378**

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:
2407 N. 14 Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 54 years (Specify whether years, months or days)
In this community 54 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2407 N. 14 Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

3. (a) PRINT FULL NAME Frances Tucker

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph Tucker 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased April 18 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER
12. Name Augustine A. Layton
13. Birthplace Unk. Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Martha Staley
15. Birthplace Unk. Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel Dame
(b) Address 2407 N. 14 Str.

17. (a) Burial (b) Date thereof 7/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Suedmeyer & Son's
(b) Address 3930 S. 20 Street

19. (a) JUL 5 (b) J. F. Breuer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1947 hour about 9 minute 00 A.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 Coronary Thrombosis Duration _____

Due to _____
Due to _____

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 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 injury) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) 3
Address _____ Date signed 7/5/47

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

227
2672

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed A. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St

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.