FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3172 275

FILED JAN 22 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home of the Friendless. 5 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 4431 S. Broadway.

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") 17
(d) Street No. 4431 S. Broadway. (If rural, give location) 9
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME LOUISE D. TUCKER.
3. (b) If veteran, name war None.
3. (c) Social Security No. None.

4. Sex Female.
5. Color or race White.
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Frank Tucker,
6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased December (Month) 8, (Day) 1865. (Year)

8. AGE: Years 82. Months 0. Days 29. If less than one day hr. min.

9. Birthplace Arrow Rock, (City, town, or county) Missouri. (State or foreign country) U
10. Usual occupation At Home.
11. Industry or business

MOTHER FATHER
12. Name Peter Beach. 4
13. Birthplace (City, town, or county) Germany. (State or foreign country)
14. Maiden name Sybell Rippley.
15. Birthplace (City, town, or county) Germany. (State or foreign country) 6

16. (a) Informant Mrs Wm S. Lee.
(b) Address 6638 Pershing Ave.,
17. (a) Interrment. (Burial, cremation, or removal) (b) Date thereof 1-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,
19. (a) JAN 10 1948 (Date received local registrar) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, day 7th, year 1948. hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from 1941, to Jan 7, 1948 that I last saw him alive on Jan 6, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Infarct (left)	4 hrs
Pulmonary Edema	24 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) — no.
(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? 0
While at work? (Specify type of place) (e) Means of injury

23. Signature Chas E. Hyndman (M. D. or other) M.D.
Address 372 Washington Date signed 1/8/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

3720 Washington
PE - 6111
1:30 - 3

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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 Raymond L. Howe

Licensed Embalmer No. 4330

P. O. Address Maplewood

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.