

FILED FEB 20 1948 318

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1273

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:
4722 Lewis Place
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 4722 Lewis Place 9
(If rural, give location)
 (e) Citizen of foreign country? No. 0
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Harvey V. Tucker
 3. (b) If veteran, name war World War I
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 4
 year 1948 hour 3 minute 30 A.M.

4. Sex Male 2 5. Color or race Col.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Cleo Tucker
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased November 19, 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1947 to Feb 4 1948
 that I last saw him alive on Feb 2 1948
 and that death occurred on the date and hour stated above.
 Duration 1 day

8. AGE: Years Months Days If less than one day
51 2 16 hr. min.

Immediate cause of death Cerebral Apoplexy
Hypertension
 Due to 3 mos

9. Birthplace Linden, Texas
(City, town, or county) (State or foreign country)

Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation Attorney

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....
 Underline the cause of which death should be charged statistically.

11. Industry or business.....
 12. Name S. W. Tucker
 13. Birthplace Alabama
(City, town, or county) (State or foreign country)
 14. Maiden name Ellen Stephens
 15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cleo Tucker
 (b) Address 4722 Lewis Place

17. (a) Burial (b) Date thereof 2-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director E. B. Kasner
 (b) Address 1221 N. Grand Boulevard

19. (a) FEB 6 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Leola B. Smart M.D. or other
 Address 4069 E. Easton Ave Date signed 2/2/48

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

MOTHER FATHER

JUN 10 1948
MAR 23 1949

Name

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 *Theodore J. Vandell*

Licensed Embalmer No. *4243*

P. O. Address *14 Main St
New Britain, Conn*

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.