FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38712
Registration District No. 818
Primary Registration District No. 1005
Registrar's No. 10032

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pronounced dead at HOMER G. PHILLIPS HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 yrs 3 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0 17
(c) City or town St. Louis 7 (If outside city or town limits, write "RURAL")
(d) Street No. 1029 N Leffingwell ave. (If rural, give location)
(e) Citizen of foreign country? 21 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr Leon Tucker
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Idella Tucker
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased 3 (Month) 19 (Day) 1909 (Year)

8. AGE: Years 39 Months 8 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Ala 1 (State or foreign country)
10. Usual occupation Labor
11. Industry or business
FATHER
12. Name Elie Tucker
13. Birthplace Selman (City, town, or county) Ala 1 (State or foreign country)
MOTHER
14. Maiden name Emmer Settlers
15. Birthplace Montgumry (City, town, or county) Ala 1 (State or foreign country)
16. (a) Informant Mrs Idella Tucker
(b) Address 1029 N. Leffingwell St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Gus Lowe
(b) Address 2930 Dickson St
19. (a) NOV 19 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day 17th year 1948 hour 7 minute 40 AM.
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 Comminuted fracture of skull, when he was seen falling from Railroad Deck
Due to McArthur Bridge 740 AM Nov. 17 1948
Due to whether he jumped or fell from same cause not to determine
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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) Open Verdict
(b) Date of occurrence Nov 17 1948
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury see above
23. Signature Alfred J Perry (M. D. or other)
Address Deputy Coroner Date signed 11/19/48

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.