

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 169

1. PLACE OF DEATH  
a. COUNTY St. Charles  
b. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN St. Charles  
c. LENGTH OF STAY (in this place) 40 yrs +  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1806 North Second Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY St. Charles  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles 0923  
d. STREET ADDRESS (If rural, give location) 1806 North Second Street

3. NAME OF DECEASED a. (First) Della b. (Middle) May c. (Last) Tucker  
4. DATE OF DEATH (Month) (Day) (Year) September 22-1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH July 25 1885 9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE (State or foreign country) Woodlawn, Illinois 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank M. Bond 13b. MOTHER'S MAIDEN NAME Ella Chammes 14. NAME OF HUSBAND OR WIFE Sewell E. Tucker-St. Charles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NIL 16. SOCIAL SECURITY NO. NIL 17. INFORMANT'S SIGNATURE OR NAME Sewell E. Tucker--St. Charles, Mo. ADDRESS Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Occlusion MEDICAL CERTIFICATION ONSET AND DEATH 2 hrs  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Heart Disease  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) None  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION None 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from September 19, 1950 to Sept 22, 1950 that I last saw the deceased alive on Sept 22, 1950 and that death occurred at 7:45 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Don Z. Randall, M.D. 23b. ADDRESS 207 N. 5th St. Charles, Mo. 23c. DATE SIGNED Sept 23, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept 24-1950 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery 24d. LOCATION (City, town, or county) (State) St. Charles, Missouri

DATE REC'D BY LOCAL REG. 9-23-50 REGISTRAR'S SIGNATURE Frankie Havelstein 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. C. Dallmeyer & Sons Co 800 N. 2nd St. Charles, Mo.

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT -2 1950

RECEIVED

JUL 5 1950

APR 7 1954

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 4189

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed Joseph T. Landolt  
Licensed Embalmer No. 4189

P. O. Address St. Charles Mo

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.