

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 39840
Registrar's No. 10417

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 39840		Registrar's No. 10417			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico 4043					
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) Hoxsey Hotel							
3. NAME OF DECEASED (Type or Print)		a. (First) Boyd		b. (Middle) Branch		c. (Last) Tucker Sr.		4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1951			
5. SEX Male //		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 11, 1882		9. AGE (In years less birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commission				10b. KIND OF BUSINESS OR INDUSTRY Horses		11. BIRTHPLACE (State or foreign country) Marshall, Mo. 0					
12. CITIZEN OF WHAT COUNTRY? U.S.											
13a. FATHER'S NAME Tucker				13b. MOTHER'S MAIDEN NAME Aquilina Perry		14. NAME OF HUSBAND OR WIFE Virginia					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. Boyd B. Tucker Jr., Evansville, Ind.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Subdural Hemorrhage; Injury suffered when I slipped down a flight of stairs leading from the first floor to the basement at the Chase Hotel, 214 No. Bucky Blvd. on Nov. 15, 1951 at about 11:00 pm II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 2 days							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 11:00 pm Accident				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hall		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) St. Louis Mo. (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 15 5:11 pm				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Egged 21					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:40 P.m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Patrick E. Rayless Coroner 3				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 11-25-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 11-23-51		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. NOV 23 1951		REGISTRAR'S SIGNATURE J. Earl Smith M.D. K.R.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.							

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

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_____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Albert G. Hopper

Licensed Embalmer No. 2971

P. O. Address _____

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.