

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9345

State File No.

BIRTH NO.		REG. DIST. NO. <u>223</u>		PRIMARY REG. DIST. NO. <u>3051</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>			
b. CITY OR TOWN <u>Perryville mo</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY OR TOWN <u>Webster Groves Mo</u>		d. STREET ADDRESS (If rural, give location) <u>539 S. Rock Hill Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u>		b. (Middle) <u>Herbert</u>		c. (Last) <u>Tuchmann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 1 1952</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>		8. DATE OF BIRTH <u>aug 14 1909</u>	
9. AGE (In years last birthday) <u>42</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HRS. Hours Mins.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>monag Pull dog electric</u>				10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <u>otto Tuchmann</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Malluck</u>		14. NAME OF HUSBAND OR WIFE <u>Gertude Tuchmann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-10-3560</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gertude Tuchmann</u> ADDRESS <u>539 S. Rock Hill Road</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia (lower nephron nephrosis)</u> ANTECEDENT CAUSES <u>severe head injury</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>laceration of bladder</u> DUE TO (b) <u>laceration of bladder</u> DUE TO (c) <u>laceration of bladder</u> II. OTHER SIGNIFICANT CONDITIONS: <u>laceration of bladder</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>			
19a. DATE OF OPERATION <u>3/30/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>laceration of bladder, fracture pelvis</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>auto accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway-St. Marys Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Marys Perry Mo.</u>		21f. HOW DID INJURY OCCUR? <u>auto accident</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 26, 1952 7:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>auto accident</u>			
22. I hereby certify that I attended the deceased from <u>3/26</u> , 1952, to <u>4/1</u> , 1952, that I last saw the deceased alive on <u>4/1</u> , 1952, and that death occurred at <u>2:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William R. Tuchmann M.D.</u> (Degree or title)				23b. ADDRESS <u>Perryville, Mo.</u>		23c. DATE SIGNED <u>4/1/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 3 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Rural Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 1-52</u>		REGISTRAR'S SIGNATURE <u>Joe J. Goellner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Sons Perryville Mo.</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

0791

7501 100 600 1 300

1975 10 1952

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.