

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 14194  
Registrar's No. 3897

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	State File No. 14194	
Registrar's No. 3897					
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Peoples</b>		d. STREET ADDRESS (If rural, give location) <b>12 4716 PAGE AVE</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARSELOYS, R. E.</b>		b. (Middle)		c. (Last) <b>TUCKER</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>4 26 54</b>					
5. SEX <b>M</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>1-6-1896</b>	9. AGE (In years last birthday) <b>63</b>	10. UNDER 1 YEAR <b>3</b> MONTHS <b>20</b> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MATCH CO.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>TRENTON TENN.</b>	
12. CITIZEN OF WHAT COUNTRY					
13a. FATHER'S NAME <b>FREDRICK</b>		13b. MOTHER'S MAIDEN NAME <b>LOTTIE ?</b>		14. NAME OF HUSBAND OR WIFE <b>Sue TUCKER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sue Tucker 4716 PAGE</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES <b>Hypertension</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>?</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>4/16</b> , 19 <b>54</b> to <b>4/28</b> , 19 <b>54</b> that I last saw the deceased alive on <b>4/26</b> , 19 <b>54</b> and that death occurred at <b>3:30</b> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>[Address]</b>		23c. DATE SIGNED <b>4/28/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>MAY 1-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREENWOOD</b>	
24d. LOCATION (City, town, or county) (State) <b>Wellston MO.</b>					
DATE REC'D BY LOCAL REG. <b>APR 30 1954</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] 2707 Standard</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

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.