

FILED AUG 11 1954

STANDARD CERTIFICATE OF DEATH

State File No. 25625

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1704

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. CITY OR TOWN Kirkwood 4678	
c. LENGTH OF STAY (in this place) 5 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark Nursing Home		e. STREET ADDRESS (If rural, give location) 11692 Manchester Rd.	

3. NAME OF DECEASED (Type or Print) Della	a. (First) M.	b. (Middle) Tucker	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 14 1954
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5. SEX F.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 11-1880	9. AGE (In years) (last birthday) 74	IF UNDER 1 YEAR (Months) 1	IF UNDER 1 YEAR (Days) 14	IF UNDER 1 MIN. (Hours) 14
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleswoman	10b. KIND OF BUSINESS OR INDUSTRY Retail-shoes	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Roy Tucker
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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. UNK.	17. INFORMANT'S SIGNATURE OR NAME Harry Cooper	ADDRESS 1017 Wood Ave. Kirkwood
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease DUE TO (c) Arterio-sclerosis		8 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of stomach		(?)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443 XH	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) f	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 13, 1954**, to **July 14, 1954**, that I last saw the deceased alive on **July 13, 1954**, and that death occurred at **1:24 m.**, from the causes and on the date stated above.

23a. SIGNATURE Quentin M. Davis M.D.	23b. ADDRESS Kirkwood Mo	23c. DATE SIGNED 7/16/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-16-1954	24c. NAME OF CEMETERY OR CREMATORY Friedens cemetery	24d. LOCATION (City, Co., or county) (State) St Louis, Mo.
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DATE REC'D BY LOCAL REG. 7/16/54	REGISTRAR'S SIGNATURE Hebert R. Blankenship	25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, inc.	ADDRESS Kirkwood, Mo.
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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.....
Signature of Student Embalmer

Signed *W E Morris*

Licensed Embalmer No. *336*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.