

No. 300
10.48

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29279**
Registrar's No. **7218**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7218			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____					
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 St. Louis		d. STREET ADDRESS (If rural, give location) 23 2028 So. 12th			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific				d. STREET ADDRESS (If rural, give location) 23 2028 So. 12th					
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) BENJAMIN c. (Last) TUCKER			4. DATE OF DEATH (Month) (Day) (Year) Aug 1 1954						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb 22 1890			
9. AGE (In years last birthday) 64		# UNDER 1 YEAR Months _____		# UNDER 1 YEAR Days _____		# UNDER 1 YEAR Hours _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Master			10b. KIND OF BUSINESS OR INDUSTRY Railroad			11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo			
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME James Tucker		13b. MOTHER'S MAIDEN NAME Anna Unknown		14. NAME OF HUSBAND OR WIFE Annie Tucker		
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. none		17. INFORMANT'S SIGNATURE OR NAME Annie Tucker			ADDRESS 2028 So 12th	
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) Carcinoma of the bladder. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic ca. of prostate DUE TO (c) Arteriosclerotic heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus.				INTERVAL BETWEEN ONSET AND DEATH 9 mo. 2 mo.	
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 181X			
22. I hereby certify that I attended the deceased from 7-27 , 19 54 , to 8-1 , 19 54 , that I last saw the deceased alive on 8-1 , 19 54 , and that death occurred at 10:55 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE [Signature] (Degree or title) _____				23b. ADDRESS 4161 Lindale		23c. DATE SIGNED 8-2-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug 4 54		24c. NAME OF CEMETERY OR CREMATORY Mount Lebanon		24d. LOCATION (City, town, or county) (State) St. Louis Cty Mo			
DATE REC'D BY LOCAL REG. AUG 4 1954		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE E.J. Schnur ADDRESS 3125 Lafayette				

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

(Licensed Embalmer's Statement on Reverse Side)

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

Joseph B. Dolman

Licensed Embalmer No. *2014*

P. O. Address *3125 Lafayette*

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.