

FILED DEC 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 42001  
Registrar's No. 10480

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE \_\_\_\_\_ b. COUNTY Missouri

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 11 yrs.  
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor  
e. STREET ADDRESS (If rural, give location) 2169 16 3400 S. Grand Blvd.

3. NAME OF DECEASED (Type or Print)  
a. (First) Otto b. (Middle) \_\_\_\_\_ c. (Last) Tucks  
4. DATE OF DEATH (Month) (Day) (Year) November 17, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single  
8. DATE OF BIRTH August 13, 1877 9. AGE (in years last birthday) 77 3 4 0 0 0 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer  
10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Quebto Tucks 13b. MOTHER'S MAIDEN NAME Janey Heckle  
14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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. None  
17. INFORMANT'S SIGNATURE OR NAME Sister Henry ADDRESS 3400 S. Grand Blvd.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arteriosclerosis/Heart Disease  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) Sen. Arteriosclerosis  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
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 gn.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_  
20. AUTOPSY? YES  NO

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) St. Louis, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR? \_\_\_\_\_ 4200

22. I hereby certify that I attended the deceased from Jan 1954, to 11/17/54, 19\_\_\_\_, that I last saw the deceased alive on 11/17/54, 19\_\_\_\_, and that death occurred at 6:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Meyera M.D. 23b. ADDRESS 539 N. Grand 23c. DATE SIGNED 11/17/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11/19/54 24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. NOV 17 1954 REGISTRAR'S SIGNATURE J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons ADDRESS 2630 Gravois Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

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**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..... *Robert F. Stepper*

Licensed Embalmer No. 4144.....

P. O. Address 2630 Gravois.....

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.