

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6572**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1397**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.**  
c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY OR TOWN **St. Louis,**  
d. Is Residence within limits of a city or incorporated town? Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri**  
b. COUNTY \_\_\_\_\_  
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 **2172 Clifton Ave. / 303 / 2172 Clifton Ave.**  
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED  
a. (First) **Etta**  
b. (Middle) \_\_\_\_\_  
c. (Last) **Tuck**  
4. DATE OF DEATH (Month) (Day) (Year)  
**Feb. 12, 1955**

5. SEX **Female**  
6. COLOR OR RACE **White**  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**  
8. DATE OF BIRTH **April. 12, 1896**  
9. AGE (In years last birthday) **58**  
IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 11 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Packer**  
10b. KIND OF BUSINESS OR INDUSTRY **Chemical Co.**  
11. BIRTHPLACE (City and State or Foreign Country) **Greenway, Arkansas**  
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Albert Sorrell**  
13b. MOTHER'S MAIDEN NAME **Eudocia Hooks**  
14. NAME OF HUSBAND OR WIFE **Herschel Tuck (decd)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **No Nil**  
16. SOCIAL SECURITY NO. **429-24-6830**  
17. INFORMANT'S SIGNATURE OR NAME **Elizabeth Martin** ADDRESS **250 St. Martin Lane**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary Thrombosis**  
MEDICAL CERTIFICATION **Florissant, Mo.**  
INTERVAL BETWEEN ONSET AND DEATH **1 Hour**

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Coronary Spasm**  
DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **1/15/55**, 19 **55**, to **1/12/55**, 19 **55**, that I last saw the deceased alive on **1/12/55**, 19 **55**, and that death occurred at **2:12 PM**, from the causes and on the date stated above.

23a. SIGNATURE **D. J. Mistachew** (Degree or title) **M.D.**  
23b. ADDRESS **3903 Olive St**  
23c. DATE SIGNED **2/14/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**  
24b. DATE **2-15-55**  
24c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Pk. Cem.**  
24d. LOCATION (City, town, or county) (State) **St. Louis, County, Mo.**

DATE REC'D BY LOCAL REG. **FEB 14 1955**  
REGISTRAR'S SIGNATURE **J. Carl Smith**  
25. FUNERAL DIRECTOR'S SIGNATURE **Albert H. Hoppe** ADDRESS **4700 Washington,**

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..... *Eaton R. Remelin*

Licensed Embalmer No. *42*

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.