

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31600

State File No.

318

1003

7598

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
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 town or township) Saint Louis		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN Saint Louis		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 Missouri Baptist Hospital				e. STREET ADDRESS (If rural, give location) 14 6444 Hancock					
3. NAME OF DECEASED (Type or Print) a. (First) Estelle		b. (Middle) M		c. (Last) Tucker		4. DATE OF DEATH (Month) (Day) (Year) 8 29 1955			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 6-20-1900			
9. AGE (In years last birthday) 55		10. MONTHS 2		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) P-B X Operator				10b. KIND OF BUSINESS OR INDUSTRY Angelica Uniform Co., St. Louis, Missouri					
13a. FATHER'S NAME Joseph Slezak		13b. MOTHER'S MAIDEN NAME Louise Zaumsl		14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 498 12 2480		17. INFORMANT'S SIGNATURE OR NAME Mrs Kate Wehnert ADDRESS 6444 Hancock, St. Louis, Mo					
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic anaplastic transitional cell carcinoma (probably from urinary tract) metastasizing to pleura and				ANTECEDENT CAUSES pelvic cancer				?	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____					
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Left pleural effusion & acute abdominal dist					
Conditions contributing to the death but not related to the disease or condition causing death to metastasis									
19a. DATE OF OPERATION 4-16-54		19b. MAJOR FINDINGS OF OPERATION Carcinomatous pleural effusion						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 210		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from 4-11 , 19 54 , to 8-29 , 19 55 , that I last saw the deceased alive on 8-29 , 19 55 , and that death occurred at 10:15 p.m. from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Paul G. Jordan M.D.				23b. ADDRESS 7903 Olive		23c. DATE SIGNED 8-30-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-1-1955		24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. AUG 30 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Hoffmeister Colonial Mortuary		ADDRESS 6764 Chippewa Street, St. Louis, Mo			
(Licensed Embalmer's Statement on Reverse Side)									

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

H.S.

1914

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 *Harry J. Schumacher*
Licensed Embalmer No. 2679

P. O. Address 7814 1/2 Ave

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.