

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

1003

State File No. 11543
Registrar's No. 2568

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|--|--|--|---|---|---|--|---|---|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | State File No. <u>11543</u> | | Registrar's No. <u>2568</u> | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u> | | | c. LENGTH OF STAY (in this place) _____ | | | c. CITY OR TOWN <u>St. Louis</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Enroute City Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>25 1718a Franklin Avenue., 225/0</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u> | | | b. (Middle) _____ | | | c. (Last) <u>Tucker</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 10, 1956</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>April 26, 1890</u> | | 9. AGE (In years last birthday) <u>65</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Elkton, Kentucky</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Willie Reeves</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Weathers</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Sylvester Tucker, dec'd</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No Nil</u> | | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna Gray, 1718a Franklin Avenue.,</u> | | | | | | |
| 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) <u>Nephritis - Nephritis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> 593x | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u> 4 wks | |
| 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) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 21f. HOW DID INJURY OCCUR? _____ | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Mar 10, 1956</u> , to <u>March 10, 1956</u> , that I last saw the deceased alive on <u>March 10, 1956</u> , and that death occurred at <u>7:00 a.m.</u> , from the causes and on the date stated above. <u>3-12-56</u> | | | | | | | | | | | |
| 23a. SIGNATURE <u>W.B. Bush</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>2005 S. Grand</u> | | | | 23c. DATE SIGNED <u>Mar 12-56</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | | 24b. DATE <u>3-12-56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u> | | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>MAR 12 1956</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd</u> | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 *NO EMBALM* 

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.**