THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3707

STATE FILE NUMBER 688

FILED JAN 30 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis, Mo. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSPITAL #1 — Length of stay in Hospital or Institution: 25 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis. — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4640 Delmar — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First JOHN Middle E. Last TUCKER

4. DATE OF DEATH: Month JAN. Day 17, Year 1958

5. SEX: M

6. COLOR OR RACE: W.

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Oct. 1, 1891

9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Perryville, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Josiah Tucker

13b. MOTHER'S MAIDEN NAME: Philomena Clayton

14. NAME OF HUSBAND OR WIFE: Nil.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W. # 1

16. SOCIAL SECURITY NO.: 498-05-7017A

17. INFORMANT: Ruben F. Tucker, Rt. # 3 Box 301 Florissant, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): BRONCHO PNEUMONIA, CONFLUENT — INTERVAL BETWEEN ONSET AND DEATH: A FEW DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 491X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1.) BULLOUS EMPHYSEMA 2) BENIGN GASTRIC ULCER 3.) FATTY ENLARGED LIVER

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-16-58, to 1-17-58 and last saw him alive on 1-17-58
Death occurred at 10:40PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Dr. William Busch (Degree or title) M.D.

22b. ADDRESS

22c. DATE SIGNED: JAN 20 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 1-21-58

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR: Albert H. Hoppe ADDRESS: 4700 Washington, Blvd.

25. DATE REC'D BY LOCAL REG.: JAN 20 58

26. REGISTRAR'S SIGNATURE: J. Earl Smith MD

(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 ..... Signed G. W. Wilkinson

Signature of Student Embalmer

Licensed Embalmer No. .....

P. O. Address .....

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.