

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 1 1958

58-027518
STATE FILE NUMBER

318

1003

Registrar's No. 7160

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN East St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR St. Louis-Little INSTITUTION Rock Hosp., Inc.		d. STREET ADDRESS (If outside, give location) 32 Parkview Hotel- Missouri Ave.	
Length of stay in lb 2 days		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last Harlen - Tucker			4. DATE OF DEATH Month Day Year July 19 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 14, 1891
9. AGE (In years last birthday) 67		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) Pensioner Switchman		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Sylvester Tucker		13b. MOTHER'S MAIDEN NAME Winnie (Unknown)	14. NAME OF HUSBAND OR WIFE unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 718-07-6726	17. INFORMANT Address Barton Tucker (son) 532 N. 13th E. St. Louis.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage from esophageal varices. DUE TO (b) Portal cirrhosis of liver DUE TO (c) 581.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 5 years.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
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 July 17 1958 to July 19, 1958 and last saw him alive on 7-18-58 . Death occurred at 1:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. C. Treman, M.D. (Degree or title)		22b. ADDRESS 1755 S. Grand Ave.	22c. DATE SIGNED 7-19-58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 7-19-58	23c. NAME OF CEMETERY OR CREMATORY Tower Grove Cemetery	23d. LOCATION (City, town, or county) (State) Murphysboro, Illinois
24. FUNERAL DIRECTOR Rowland Aker ADDRESS 4104 Manchester Ave. St. Louis Mo		25. DATE RECD. BY LOCAL REG. JUL 21 1958	26. REGISTRAR'S SIGNATURE Carl Smith M.D.

Handwritten signature and initials:
Carl Smith M.D.
mjs

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *V E Morris*

Licensed Embalmer No. *3360*

P. O. Address *St Louis Mo*

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.