

Health, Welfare & Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046428

STATE FILE NUMBER
12719

Registration District No. 318 Primary Registration District No. 1003 Registrar No. 12719

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, give TOWNSHIP only) Inside Limits Yes No
ST LOUIS

c. CITY OR TOWN Inside Limits Yes No
St. Louis

c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b
25 HOSPITAL OR INSTITUTION ST LOUIS CITY HOSP #1 10 days

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No
5439 Euclid Ave.

3. NAME OF DECEASED (Type or print) First Middle Last
VINCENT EUGENE TUCKER

4. DATE OF DEATH Month Day Year
12 29 58

5. SEX Male Female

6. COLOR OR RACE White

7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH Dec. 24, 1900

9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.
58 Months Days Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Printing Co.

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

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Vincent Tucker

13b. MOTHER'S MAIDEN NAME Louise Steins

14. NAME OF HUSBAND OR WIFE None

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. Unknown

17. INFORMANT John Weissler, 5439 Euclid Ave. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) *Coronary Heart failure*
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) *Pneumo pneumonia*
DUE TO (c) *Generalized arteriosclerosis*
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 4500

19. WAS AUTOPSY PERFORMED? YES 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 - Month, Day, Year a.m. p.m.

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 12/20/58 to 12/29/58 and last saw her alive on 12/29/58
Death occurred at 10:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph J. Babka MD

22b. ADDRESS 1515 LAFAYETTE

22c. DATE SIGNED 12-31-58

23a. BURIAL, CREMATION, REMOVAL Removal

23b. DATE 12-30-58

23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery

23d. LOCATION (City, town, or county) (State) Perryville, Mo.

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

25. DATE RECD. BY LOCAL REG. DEC 31 '58

26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57
0

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 *Robert M. Murray*
Licensed Embalmer No. *3749*
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.