SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-042980
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11288

FILED DEC 12 1961

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MO.
Length of stay in 1b: 40 Yrs.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSP. # 1
Inside Limits: Yes ☐ No ☐

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 ☒ No ☐

d. STREET ADDRESS (If outside, give location): 1821 S. 7th
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARGARET; Middle; Last TUCKER

4. DATE OF DEATH: Month DEC.; Day 3; Year 1961

5. SEX: Female

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1/8/97

9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HR: Hours; Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Arkansas

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Thomas Manning

13b. MOTHER'S MAIDEN NAME: Ada Hollis

14. NAME OF HUSBAND OR WIFE: William Tucker

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: William Tucker, 1821 S. 7th, 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): PULMONARY FIBROSIS - EMPHYSEMA
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CHRONIC BRONCHITIS
DUE TO (c): 502.0
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): BRONCHOPNEUMONIA

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 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 11/12/61, to 12/3/61 and last saw her/him alive on 12/3/61
Death occurred at 3:40 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. E. Dottingham M.D.

22b. ADDRESS: 1515 LAFAYETTE AVE.

22c. DATE SIGNED: 12/3/61

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

23b. DATE: 12/6/61

23c. NAME OF CEMETERY OR CREMATORY: Valhalla

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

24. FUNERAL DIRECTOR ADDRESS: McLaughlin, 2301 Lafayette, St. Louis Missouri

25. DATE RECD. BY LOCAL REG.: DEC 4 1961

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

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_____ Signed James R. Chapman

Signature of Student Embalmer

Licensed Embalmer No. 4550

P. O. Address St. Louis.

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