

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

29105

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 2136 M^e Carondeau) St. 8694 (Ward)

2. FULL NAME

Emmeline Tucker
 (a) Residence. No..... St., 4 Ward.....
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Tucker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20th 1830

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
97 1 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

10. NAME OF FATHER Unknown Webb

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) U. S.

14. INFORMANT Jack Howe
 (Address) 2136 M^e Carondeau

15. REC. FILED SEP 30 1927 Max C. Starkoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/29 19 27

17. HEREBY CERTIFY That I attended deceased from Nov 4 19 26, to Sept 29 19 27 that I last saw him at alive on Sept 25 19 27, and that death occurred, on the date stated above, at 1230 P M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Arterio-sclerosis
93C
97 (duration) 5 yrs. mos. ds.
 CONTRIBUTORY Chronic Myocarditis
 (SECONDARY) (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Ind
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) St. Louis Schuchat, M. D.
Sept 30, 19 27 (Address) 2200 Chestnut Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL 10-1 19 27

20. UNDERTAKER Arthur J. Womely ADDRESS 2039 Wash St

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT RECORD

Wm Schacht

22 - Chestnut

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Jan 14/10