DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37774

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 9613

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos. 27 days (Specify whether
In this community 80 yrs. 3 mos.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis 4
City Infirmary (If outside city or town limits, write "RURAL")

(d) Street No. 1015 Childress
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Joseph Tuckett 230

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Anna Plucas Tuckett

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Aug. (Month) 10 (Day) 1859 (Year)

8. AGE: Years 80 | Months 3 | Days | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Harness Maker

11. Industry or business Harness Maker 0

FATHER
12. Name Charles Tuckett 4
13. Birthplace Unknown (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Mary Pugh 1
15. Birthplace Unknown (City, town, or county) England (State or foreign country)

16. (a) Informant's own signature Peter Tuckett

(b) Address 5400 Arsenal St

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/13/39 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Edith E. Ambrister

(b) Address 4234 Manchester

19. (a) NOV 10 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10, year 1939 hour 12:30 minute a.m. M.

21. I hereby certify that I attended the deceased from July 15, 1939, to 11-10, 1939, 19 ; that I last saw him alive on Nov. 10, 1939, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneumonia with Pulmonary Edema 11-9-39	
Due to Senility 11-9-39	
Arteriosclerosis 11-1-39	
Due to Hypertrophied Prostate 11-1-39	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. Hudson M.D. (M. D. or other)

Address 5400 Arsenal Date signed 11-10-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—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.

I X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Thomas Eynock.....

Licensed Embalmer No.....1284.....

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 this body is not embalmed, above space should be left blank.