Troy Mo

FILED MAR 12 1940

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

4837
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1603 Registered No. 1667
(c) City St. Louis, Missouri (d) Street No. 4607 Labadie Avenue., St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 13 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 260 John Santford Tucker
(a) Residence, No. 0 St. NR Troy Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Malinda Ellen Tucker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 19, 1849

7. AGE: Years 90 | Months 4 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln County Missouri 0 136

FATHER
13. NAME: John Tucker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown 9

17. INFORMANT (ADDRESS): Archie Tucker 4607 Labadie Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Troy Missouri DATE 2/19/40 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Albert H. Hoppe Inc 4700 Washington Blvvd.,

20. FILED FEB 19 1940 19 J. F. Brulick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1940

22. I HEREBY CERTIFY, That I attended deceased from 2/13/ 1940 to 2/17/ 1940
I last saw him alive on 2/17/ 1940 Death is said to have occurred on the date stated above, at 1:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Enteritis	2/6/40
Autointoxication	2/3/40
Chronic Senility	?
Advanced Arteriosclerosis	?

Other contributory causes of importance: non catarrhal, non tubercular, non Gonococcic
Acute Cystitis
Urethral structure
Non malignant

Name of operation None Date of —
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
—
Manner of injury None
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) [signature] M. D.
(Address) 3547 Easton
2/17/40

(Licensed Embalmer's Statement on Reverse Side)

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.

1667

1667

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 Albert E. Hopper

Licensed Embalmer No. 2971

P. O. Address.....

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.

Anonymo

RIP MAR 12 1940

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

4837
Do not use this space

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1009 Registered No. 1667
(c) City St. Louis, Missouri (d) Street No. 4607 Labadie Avenue, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 260 yrs. mos. 13 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Santford Tucker

(a) Residence, No. 0 St. NR Troy Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Melinda Ellen Tucker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19, 1849

7. AGE: Years 90 | Months 4 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Missouri

FATHER
13. NAME ~~John~~ Milner M Tucker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

MOTHER
15. MAIDEN NAME ~~Unknown~~ Mahala Brent
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky ~~Unknown~~

17. INFORMANT (ADDRESS) Archie Tucker 4607 Labadie Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Troy Missouri DATE 2/19/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe Inc 4700 Washington Blvd.,

20. FEB 19 1940 [signature] (Official Capacity)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2/12/ 1940 to 2/17/ 1940
I last saw h/ alive on 2/17/ 1940 Death is said to have occurred on the date stated above, at 1:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cystitis	2/6/40
Antesimination	2/12/40
Chronic Lymphatic Leukemia	?
Advanced Arteriosclerosis	?

Other contributory causes of importance: non alcoholic, non tubercular, non syphilitic
Acute Cystitis
Urethral stricture
Non Malignant

Name of operation None Date of
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
Signed [signature] M.D.
(Address) 3547 [illegible]

Items #13, 15, 16 amended by affidavit of GG Granddaughter of Decease 2-27-97