S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33011

Primary Registration District No. 1003

Registrar's No. 7963

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: Homer G. Phillips Hospital D

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)

In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 142 6a Cole (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lula Page

3. (b) If veteran, name war –

3. (c) Social Security No. –

4. Sex female

5. Color or race col

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

6. (b) Name of husband or wife Bud

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Feb 18th 1908 (Month) (Day) (Year)

8. AGE: Years 33 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Fredericktown (City, town, or county) Mo D (State or foreign country)

10. Usual occupation Housewife

11. Industry or business –

FATHER 12. Name Walter Tucker

FATHER 13. Birthplace Perrysville (City, town, or county) Mo D (State or foreign country)

MOTHER 14. Maiden name Liza Murphy

MOTHER 15. Birthplace Farmington (City, town, or county) Mo D (State or foreign country)

16. (a) Informant Estella Tucker

(b) Address 816 North 17th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/6/41 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle & Son

(b) Address 3133 Bell Avenue

19. (a) OCT 6 1941 (Date received local registrar) (b) J. J. Bredel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3, 1941 year hour 3 minute 42 P. M.

21. I hereby certify that I attended the deceased from Sept. 25, 1941, 19 to October 3, 1941; that I last saw her alive on October 3, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death See below — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Pregnancy (3) months

Toxic Hepatitis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Scott K. Darrah (M.D. or other)

Address 2601 N. Whittier Date signed 10-3-41

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Cantera ave

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, fact should be so stated above.