S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29249

Filed OCT 6 1942

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 7897

1. PLACE OF DEATH:

(a) County
(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: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days (Specify whether years, months or days)
In this community 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis, 11 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4035 Enright Avenue 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Tucker
3. (b) If veteran, name war ---
3. (c) Social Security No. 492-03-6023
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Willie Mae
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased April 25, 1892 (Month) (Day) (Year)

8. AGE: Years 50 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace Raymond (City, town, or county) Alabama 1 (State or foreign country)
10. Usual occupation Hotel Houseman
11. Industry or business ---

FATHER
12. Name Allen Tucker
13. Birthplace Unknown (City, town, or county) Alabama 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Willie Mae Tucker
(b) Address 4035 Enright Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Chas. J. Gatto
(b) Address 4107 Finney Avenue
19. (a) SEP 23 1942 (Date received local registrar) (b) J. R. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19, year 1942 hour 11 minute 30 A. M.
21. I hereby certify that I attended the deceased from August 29, 1942, to September 19, 1942 that I last saw him alive on September 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia, Rt. Lower (autop) — Duration: Terminal
Liver-Hemangioma (autopsy)
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 S. E. Smith (M. D. ~~or other~~)
Address 2601 Whittier Date signed 9/22/42

(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 James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.