

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

ED JUN 4 1943 318

1003

4740

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri-Pacific Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... St. Louis  
(c) City or town..... Webster Groves  
(If outside city or town limits, write "RURAL")  
(d) Street No..... 684 N. Forest Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... Joseph Anthony Tucker

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... Masc. 5. Color or race..... Wh. 6. (a) Single, widowed, married, divorced..... M

6. (b) Name of husband or wife..... Margaret Kelly 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... September 18, 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 8 2 ..hr. ..min.

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

10. Usual occupation..... Freight Traffic Dep't

11. Industry or business..... Mo. Pac. R.R.

12. Name..... James H. Tucker 13. Birthplace..... St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name..... Sobey

15. Birthplace..... St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. J. A. Tucker (Wife)

(b) Address..... 684 N. Forest Ave., W.G.

17. (a) Burial (b) Date thereof..... May 24, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... M. J. Croghan

(b) Address..... 7146 Manchester Ave.

19. (a) MAY 22 1943 J. F. Medeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 20  
year..... 1943 hour..... 5 minute..... 00 P. M.

21. I hereby certify that I attended the deceased from.....  
Mar. 1, 1943, to..... May 20, 1943;  
that I last saw him..... alive on..... May 20, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Papillary Carcinoma of bladder  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... Diagnosis on tissue removed at operation.  
Of autopsy.....  
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?

While at work?..... (Specify type of place)  
(c) Means of injury.....  
23. Signature..... Harold Steele (M. D. or other)  
Address..... 1755 S. Grand Date signed..... 5/20/43

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

MOTHER FATHER

JUN 18 1943

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**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..... *J. W. Wilkinson* .....  
Licensed Embalmer No..... *3575* .....  
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, fact should be so stated above.**