No. 2
1—2-43
5-17-39
I X35697

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

16798

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 6 1946

State File No. 17919

Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 961

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: St Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community City residence
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~St Louis~~ 000

(c) City or town St Louis City 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1142a So Kings Highway 9
(If rural, give location)

(e) Citizen of foreign country? (~~Yes~~ No) 1

If yes, name country

3. (a) PRINT FULL NAME Evelyn Tucker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife James Tucker

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased 1 (Month) 17 (Day) 1915 (Year)

8. AGE:

Years	Months	Days	If less than one day
31	8	14	hr. min.

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

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Edgar Piles
13. Birthplace Reynolds County Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Kimes
15. Birthplace Reynolds County Mo (City, town, or county) (State or foreign country)

16. (a) Informant Doyle Piles (Brother)

(b) Address 1142a So Kings Highway

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/3/46 (Month) (Day) (Year)

(c) Place: burial or cremation LAKE CHARLES CEM.

18. (a) Signature of funeral director EDITH E. AMBRUSTER

(b) Address 4234 MANCHESTER

19. (a) 5-3-46 (Date received local registrar) (b) E.G. McGovran M.D. (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 1 year 1946 hour 7:10 A.M. m.

21. I hereby certify that I attended the deceased from 4 27, 1946 to 5-1, 1946 that I last saw her alive on 5-1, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure	12 hrs
Due to Concussion of brain severe with brain injury	4 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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)~~ Accident - Automobile collision 000

(b) Date of occurrence 4-27-46

(c) Where did injury occur? Lindberg + Page St Louis Mo (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature Joseph D. Judy (M. D. or other) MD

Address 601 Brentwood Edgton Date signed 5/1/46

707 (Licensed Embalmer's Statement on Reverse Side)

MAY 7 1948

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.....

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, fact should be so stated above.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Mail

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 960

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
(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 (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Evelyn Tucker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 17 (Day) 19 (Year)

8. AGE: Years 31 Months 3 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) MO (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 1 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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: Auto collision with auto

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

(b) Date of occurrence 4-27-46

(c) Where did injury occur? Lindberg + Page St Louis Mo.
(City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature Joseph D Judy (M. D. or other) MD

Address Date signed 13 May 46

SUPPLEMENTARY

16798

17919