

FILED JAN 22 1948

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 410

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

1. PLACE OF DEATH:
 (a) County ST. LOUIS MO.
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: DE PAUL HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 6 DAYS
(Specify whether years, months or days)
 In this community 6 Days

3. (a) PRINT FULL NAME Thelma Lucille Tucker
 3. (b) If veteran, name war None
 3. (c) Social Security No 327-22-2192

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Carl E. Tucker
 6. (c) Age of husband or wife if alive 22 years
 7. Birth date of deceased July 2 1927
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	20	6	10	hr. min.

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

10. Usual occupation Waitress

11. Industry or business Restaurant

12. Name Charles M. Jones

13. Birthplace Madison County, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Nellie M. Little

15. Birthplace Greene County, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Carl E. Tucker
 (b) Address 512 Marsh Ave. Alton, Illinois

17. (a) Burial (b) Date thereof Jan. 16, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Illinois

18. (a) Signature of funeral director Robert H. Streep
 (b) Address 2521 Edwards St. Alton, Ill.

19. (a) JAN 14 1948 (b) J. J. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County Madison 991
 (c) City or town Alton ("Rural")
(If outside city or town limits, write "RURAL")
 (d) Street No. 512 Marsh Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 12
 year 48 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1/6 1948, to 1/12 1948
 that I last saw her alive on 1/12 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death CIRCULATORY & RESPIRATORY FAILURE

Due to MULTIPLE BRAN ABSCESSSES
 Cause of abscesses not determined

Other conditions (Include pregnancy within 3 months of death)

Major findings: AS ABOVE
 Of operations
 Of autopsy AS ABOVE

Duration
 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)
 Date of occurrence
 (c) Where did injury occur?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
 23. Signature A. E. Smith (M. D. or other)
 Address De Paul Hosp Date signed 1/12/48

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..... *Robert H. Streepers*.....

Licensed Embalmer No. *2474*.....

P. O. Address..... *Alton, Ill.*.....

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.