

S. No. 300  
DM - 10-47  
Rev. 5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

41897  
State File No. 11005  
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution St. Johns Hospital  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard  
(c) City or town Bloomfield  
(d) Street No. N.R.  
(e) Citizen of foreign country? No

3: (a) PRINT FULL NAME William L. Tucker

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

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widower

6: (b) Name of husband or wife Minnie Tucker  
6: (c) Age of husband or wife if alive years

7. Birth date of deceased January 31 1870  
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 18  
If less than one day hr. min.

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

10. Usual occupation Retired Attorney

11. Industry or business

12. Name Elijah Tucker

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Minerva Tendall

15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16: (a) Informant Ralph Tucker  
(b) Address Sikeston, Mo.

17: (a) Burial (b) Date thereof 12-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomfield, Mo.

18: (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19: (a) J. B. Lasater  
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19  
year 1948 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 10 1949 to Dec. 19 1948  
that I last saw him alive on Dec. 19 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis Heart Disease & Congestive Heart Failure  
Due to

Due to: Art. sclerosis

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: not done

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)  
(b) 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 J. B. Lasater (M. D. or other)  
Address N. R. Date signed 12/21/48

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

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MOTHER FATHER

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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 Isaac W. Wilkinson

Licensed Embalmer No. 35-75

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.**