

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3342**
334
Registrar's No.

BIRTH NO. **49-005168** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | | | |
|--|---|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | d. STREET ADDRESS (If rural, give location) 1118 S. Newstead Ave. |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp. | | | d. STREET ADDRESS (If rural, give location) | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) Clifford c. (Last) Tucker | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 11th 1949 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 1-10-1949 | 9. AGE (In years last birthday) | 10. CITIZENSHIP (If under 1 year Months) (If under 1 year Days) (If under 1 year Hours) (If under 1 year Min.) |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (State or foreign country) St. Louis Mo. | | 12. CITIZEN OF WHAT COUNTRY? |
| 13a. FATHER'S NAME Charles C. Tucker Jr. | | 13b. MOTHER'S MAIDEN NAME Dolores Suthers | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Charles Clifford Tucker ADDRESS 118 South Newstead St. | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Prematurity DUE TO (c) Premature Separation Placenta II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 759/9605 | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Jan 10, 1949 , to Jan 11, 1949 , that I last saw the deceased alive on Jan 11, 1949 , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) Joseph E. Clancy M.D. | | 23b. ADDRESS 906 Olive | | 23c. DATE SIGNED 1-12-49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1-13-49 | 24c. NAME OF CEMETERY OR CREMATORY St. Johns Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo | | |
| DATE REC'D BY LOCAL REG. JAN 12 1949 | | REGISTRAR'S SIGNATURE J. B. Pasater | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner's 2223 St. Louis Ave. | |

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

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.....

Student Embalmer No.

working under my personal supervision.

Not Embalmed

Student
Student Embalmer

Signed

John P. Beuchholz

Licensed Embalmer No. *1674*

P. O. Address. *2223 St. Louis*

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.