

FILED APR 20-1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14827

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3201**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>32 yrs</b>		STREET ADDRESS (If rural, give location) <b>4328 St. Louis Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4328 St. Louis Avenue</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b> b. (Middle) c. (Last) <b>Tucker</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4/2/51</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3/26/91</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waiter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Statler Hotel</b>		11. BIRTHPLACE (State or foreign country) <b>Starkville, Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Rosabell Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Tellia Tucker</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>493-09-6235</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Tellia Tucker</b> ADDRESS <b>4328 St. Louis Ave</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Chronic Nephritis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <b>592X</b>
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22. I hereby certify that I attended the deceased from **2/20**, 19**51**, to **4-2**, 19**51**, that I last saw the deceased alive on **4-2**, 19**51**, and that death occurred at **3/4** m., from the causes and on the date stated above.

22a. SIGNATURE <b>James T. Aedrich M.D.</b> (Degree or title)	23b. ADDRESS <b>2607 Franklin Avenue</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/7/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>APR 5 1951</b>	REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas. J. Gates</b> ADDRESS <b>4107 Finney Avenue</b>
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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.

Student .....  
Student Embalmer

Signed

*John K. Cunningham*

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

**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.