

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 17 1951

State File No. 18687
4380

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
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) 9 th TOWN St. Louis		2259			
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital				f. STREET ADDRESS (If rural, give location) 221 So. Broadway 0					
3. NAME OF DECEASED (Type or Print) a. (First) Wilber		b. (Middle) D.		c. (Last) Tucker		4. DATE OF DEATH (Month) (Day) (Year) May 8, 1951			
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 5		8. DATE OF BIRTH Nov. 8, 1899			
9. AGE (In years) (Last birthday) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unavailable		11. BIRTHPLACE (State or foreign country) Graves Co., Ky. /		12. CITIZEN OF WHAT COUNTRY? U.S.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unavailable		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Graves Co., Ky. /		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Thomas J. Tucker			13b. MOTHER'S MAIDEN NAME Theodora Galey			14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Peacetime		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas J. Tucker, Rt. 5, Paducah, Ky.					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Lobar Pneumonia</i> 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 checked="" 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? 490X					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:19 a.m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Patricia B. Taylor Coroner</i> (Degree or title)				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5/9/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-9-51		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Graves Co., Ky.			
DATE REC'D BY LOCAL REG. MAY 9 1951		REGISTRAR'S SIGNATURE <i>J. B. Lariter</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.					

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

4380

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Elton H. Remelius

Licensed Embalmer No. 4283

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.