

FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26430
State File No. _____
Registrar's No. 6620

BIRTH NO. _____ 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)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		a. STATE MISSOURI b. COUNTY ST. LOUIS	
c. LENGTH OF STAY (in this place) 10 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAPLEWOOD	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS - HOSPITAL		d. STREET ADDRESS (If rural, give location) 2518 BREDELL 4524	

3. NAME OF DECEASED (Type or Print)	a. (First) THOMAS	b. (Middle) O	c. (Last) TUCKER	4. DATE OF DEATH (Month) (Day) (Year)
				7 7 52

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 12-18-1890	9. AGE (In years last birthday) 61	10 UNDER 1 YEAR 6 Months	11 UNDER 1 YEAR 19 Days	12 UNDER 1 MIN. 0 Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SERVICE-STA. ATTENDANT	10b. KIND OF BUSINESS OR INDUSTRY ARROW GAS CO	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME THOMAS E. TUCKER	13b. MOTHER'S MAIDEN NAME MARTINA HAYDEN	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. 495-18-4556	17. INFORMANT'S SIGNATURE OR NAME ROSE TESSON-724 ADAMS-ST. CHARLES	ADDRESS ST. CHARLES
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 Days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from **6-24, 1952**, to **7-7, 1952**, that I last saw the deceased alive on **7-6, 1952** and that death occurred at **6:00** m., from the causes and on the date stated above.

23a. SIGNATURE George Stecker, M.D. (Degree or title)	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 7-8-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 7-9-52	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MO
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DATE REC'D BY LOCAL REG. JUL 8 1952	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE JAY B SMITH ADDRESS 7456 MANCHESTER - MAPLEWOOD MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 13 1918

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 M. W. Ruster

Licensed Embalmer No. 4865

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.