

FILED MAR 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6573

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1254**

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>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (In this place) <b>3 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>3553 Arden Avenue</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Lawrence</b>	b. (Middle) <b>B.</b>	c. (Last) <b>Tucker</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2 - 8 - 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5 - 16 - 1898</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months Days Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist Insp.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Measurograph Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Perryville, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Joseph Tucker</b>	13b. MOTHER'S MAIDEN NAME <b>Ida Kennedy</b>	14. NAME OF HUSBAND OR WIFE <b>Betty 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.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Betty Tucker</b>	ADDRESS <b>3553 Arden 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction &amp; thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>coronary atherosclerosis</b> DUE TO (c) <b>occlusion of left coronary</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic nephrosclerosis</b>		old	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4201</b>
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22. I hereby certify that I attended the deceased from **2-5**, 19**55**, to **2-7**, 19**55**, that I last saw the deceased alive on **2-8**, 19**55**, and that death occurred at **1:50 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>M. Kimmelman</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>3409 Union</b>	23c. DATE SIGNED <b>2-8-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2/10/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Lebanon Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>
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DATE REC'D BY LOCAL REG. <b>FEB 10 1955</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Drehmann-Harral</b>	ADDRESS <b>1905 Union Blvd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Nathan Kimelman 1 - 5 Tue  
9 - 12:30 Wed.  
3409 Union Blvd.

**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.....  
Signature of Student Embalmer

Signed.....  
*Albert D. Thompson*

Licensed Embalmer No. *413*

P. O. Address *H. J. ...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.