

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015868

STATE FILE NUMBER

Registration No. **2 4075**

FILED MAY 11 1959

Registration District No. .... Primary Registration District No. ....

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 Cause of death must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Registrar in Part must be causally related. Coroner cannot certify to a death due to natural causes.

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, give TOWNSHIP only) OR TOWN <b>Saint Louis</b>		c. CITY OR TOWN <b>Saint Louis</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Glemon Memorial</b>		d. STREET ADDRESS (If outside, give location) <b>2603 A. N. Jefferson</b>	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Louis</b> Middle Last <b>Tucker</b>			4. DATE OF DEATH Month <b>4</b> Day <b>23</b> Year <b>59</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> Child <input type="checkbox"/> <input checked="" type="checkbox"/> ORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>5-5-1950</b>
9. AGE (In years last birthday) <b>8</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>18</b>	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Child</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Horace Tucker</b>	
14. MOTHER'S MAIDEN NAME <b>Ethel Crump</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Child</b>	
16. SOCIAL SECURITY NO. <b>Child</b>		17. INFORMANT <b>Horace Tucker</b> Address <b>2603 A. N. Jefferson</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Sickle cell anemia</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>292.6</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>A) Quadriplegia B) Congestive heart failure</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <b>Aug 13, 1958</b> to <b>4/23/59</b> and last saw her alive on <b>4/23/59</b> . Death occurred at <b>10:45 AM</b> <b>4/23/59</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>John A. Brinkman M.D.</b>		22b. ADDRESS <b>1465 So Grand St. Louis, Mo.</b>	22c. DATE SIGNED <b>4/24/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4-27-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
24. FUNERAL DIRECTOR <b>Ellis Funeral Home</b> ADDRESS <b>2820 Stoddard St.</b>		25. DATE RECD. BY LOCAL REG. <b>APR 27 '59</b>	26. REGISTRAR'S SIGNATURE <b>Roan Smith, M.D.</b>

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Fulton E. Culpeper*

Licensed Embalmer No. *41*

P. O. Address *.....*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.