

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034675

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2433 STATE FILE NUMBER

VS 300 Rev. 4/59

1 4005
2 4031
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 19 1963

1. PLACE OF DEATH
a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights Length of stay in 1b 4 weeks

c. CITY OR TOWN Normandy Inside Limits Yes No

d. STREET ADDRESS 7129 Woodrow Avenue (If outside, give location) Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

3. NAME OF DECEASED (Type or print) First Cliff Middle William Last Tucker 4. DATE OF DEATH Month July Day 30 Year 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12/27/98 9. AGE (last birthday) 64 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 10b. KIND OF BUSINESS OR INDUSTRY Construction Work 11. BIRTHPLACE (City and state or country) St. Mary's Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Tucker 13b. MOTHER'S MAIDEN NAME Mildred Pritvhet 14. NAME OF HUSBAND OR WIFE Essie A. Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Address Mrs Nancy Steverson 6251 Delmar Boulevard

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchogenic carcinoma lung INTERVAL BETWEEN ONSET AND DEATH 2-3 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) metastatic carcinoma lung PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from May, June 1963 to July 1963 and last saw her/him alive on July 29. Death occurred at 645 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George A. Make M.D. 22b. ADDRESS 950 Francis Pl. 22c. DATE SIGNED 7/31/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Aug 1, 1963 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) St. Louis County Mo

24. FUNERAL DIRECTOR ADDRESS Shepard Funeral Chapel 9255 Nat Bridge 25. DATE RECD. BY LOCAL REG. 7-31-63 26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

