

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

11420

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis Mo** (No. **St. Anthony's Hospital**)

File No.....  
Registered No. **3262**  
.....St. .... Ward)

**2. FULL NAME**

**Josephine Buckley**  
(a) Residence. No. **2635 Lynch St.**, **113** Ward.  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 9th 1864**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**63 11 12**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **at home**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **St. Louis Mo**

**10. NAME OF FATHER**

**John Schillinger**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Germany**

**12. MAIDEN NAME OF MOTHER**

**Mary Birkenmeyer**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Germany**

**14.**

INFORMANT **Mr. Mary Dahl**  
(Address) **2632 Lynch St.**

**15.**

FILED **22 1928** **May C. Stankler** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 21 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Feb 2**, 19**28**, to **March 21**, 19**28** that I last saw her alive on **March 21**, 19**28**, and that death occurred, on the date stated above, at **4:30 P.** M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Chronic myocarditis** **536**  
**936**

CONTRIBUTORY (SECONDARY) **Cancer of abdomen -** (duration) **2** yrs. mos. da.

**General Carcinomatosis primary seat unknown** (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **unknown**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **Feb 29, 1928**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Findings at operation**

(Signed) **Nevelander**, M. D.

, 19 (Address) **2708 Lynch St. St. Louis Mo**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Valhalla Cemetery** DATE OF BURIAL **March 24 1928**

20. UNDERTAKER **J. Heblen & Co** ADDRESS **2628 Gravois**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

