

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

Do not use this space.

18146

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City **St. Louis** (No. **No Baptist Hospital**)

File No.
Registered No. **5304**
St. Ward)

2. FULL NAME

(a) Residence. No. **5957 Arsenal** St. **4** 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|--|
| 3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henrietta Buchanan | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 28-1887 | | |
| 7. AGE YEARS 42 | MONTHS 8 | DAYS 2 |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. clerk (b) General nature of industry, business, or establishment in which employed (or employer). Income Tax Office (c) Name of employer | | |

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 30 1930**

17. I HEREBY CERTIFY, That I attended deceased from **March 10 1930** to **May 20 1930**, and that I last saw him alive on **May 29 1930**, and that death occurred, on the date stated above, at **1:45 A. M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**Chronic Interstitial Nephritis
Arterio-sclerosis General
and Myocarditis
Chronic** (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
- IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....
WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS **Autopsy Findings**
(Signed) **Gargiuelo**

May 30, 1930 (Address) **1992-4 Arsenal Bldg**
*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.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **No**

10. NAME OF FATHER **Wm D. Buchanan**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **No**

12. MAIDEN NAME OF MOTHER **Barnes L. Ransom**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **No**

14. INFORMANT **Mrs Henrietta Buchanan**
(Address) **5957 Arsenal St**

15. FILED **MAY 31 1930**
May C Stanley REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Hiram Cemetery** DATE OF BURIAL **May 31 1930**

20. UNDERTAKER **Bluecut and Co S Grand Blvd** ADDRESS **2217**

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.

