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.

JAN 25 1934

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

Do not use this space.

41952

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. 1003

City St. Louis Mo (No. Barnes Hosp St. ..... Ward)

File No. ..... Registered No. 10997

2. FULL NAME Amanda K. Buchanan

(a) Residence, No. 3854 a Greer St., 10 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: Female

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 William H Buchanan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 1866

7. AGE: ~~Yrs~~ 67 Years, 10 Months, 16 Days. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no

10. Date deceased last worked at this occupation (month and year) no

11. Total time (years) spent in this occupation no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

FATHER

13. NAME Fred Thiemeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) germany

MOTHER

15. MAIDEN NAME Mary Bullendiek

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) William Buchanan 3854 a Greer

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Dec 26 1933

19. UNDERTAKER (ADDRESS) A Kron L & U Co 2707 N Grand Blvd

20. FILED Dec 27 1933 J F Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1933, to 12-22, 1933

I last saw her alive on 12-22, 1933. Death is said to have occurred on the date stated above, at 11:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis General	12-2-33
Diverticulitis	
Cause unknown	
173 C	
179	
107 A	

Other contributory causes of importance:
Broncho pneumonia

Name of operation Exploratory lap. Date of 12-17-33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. W. Thor, M. D.

(Address) Barnes Hospital