

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

Do not use this space.

JUN 19 1934

**791  
1003**

18340  
4813

1. PLACE OF DEATH  
 County..... Registration District No. ....  
 Township..... Primary Registration District No. ....  
 City St. Louis (No. 3449 Pine St. (Peoples Hospital)) St. .... Ward) .....

2. FULL NAME Lucinda Van Buren  
 (a) Residence, No. 3422 Lawton St., 21 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 Colored  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Abt. 53 - -

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

13. NAME Andrew McKelvy

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

15. MAIDEN NAME Kizziah ?

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

17. INFORMANT William Van Buren  
 (ADDRESS) 3422 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 5/13 1934

19. UNDERTAKER C. W. Roberts  
 (ADDRESS) 5035 Lucas Ave.

20. FILED 12 1934  
J. Biedek  
 Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1934

22. I HEREBY CERTIFY, That I attended deceased from May 4th 1934 to May 6th 1934  
 I last saw h. or alive on May 6th 1934 Death is said to have occurred on the date stated above, at 3:00 m.

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

acute renal obstruc  
tion  
545  
1216

Other contributory causes of importance:  
Fibroid tumor - benign

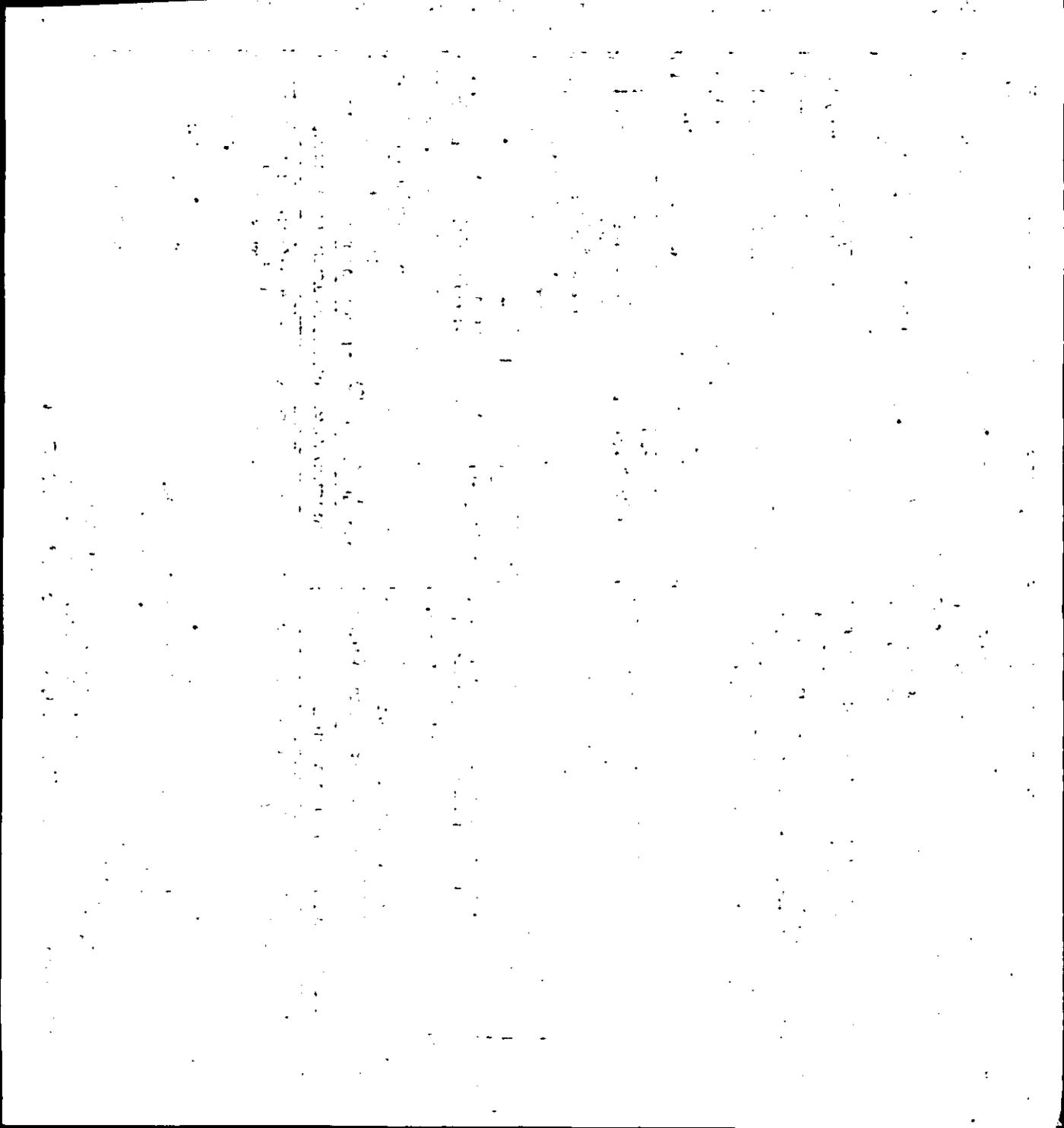
1. Name of operation Sapharotomy Date of 5-4-34  
 What test confirmed diagnosis urate Was there an autopsy? no

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. S. Bailey, M. D.  
 (Address) 2842 Easton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 City St. Louis (No. Peoples Hoop) ..... St. .... Ward) .....

File No. ....  
 Registered No. 4813 .....

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward. ....  
 (Usual place of abode) .....

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
att 53

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 8-31- 1934 J J Bredeck

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19, 19. Death is said to have occurred on the date stated above, at m.

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

*Rectal Prolapse 1227-12  
 Obstruction  
 Caused by adhesions of scarred colon -  
 Intestine - not related to fibroid tumor - no previous operation  
 Other contributory causes of importance:*

*Fibroid did not cause obstruction  
 Cause obstruction unknown*

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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) G J Bailey M. D.  
 (Address) 2842 Canyon Ave

SUPPLEMENTARY

5-18340