

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D JUN 9 1938

16597
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township **St. Louis** Primary Registration District No. **1008**
 (c) City (d) Street No. **City Hospital No. 1**
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **4458**

2. PRINT FULL NAME

James Buchanan **255**
 (a) Residence, No. **3503 Park** St. **18**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/12/38** 19

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

22. I HEREBY CERTIFY, That I attended deceased from **5/9/38** to **5/12/38**, 19...
 I last saw him **5/12/38** at **10.15 p** m. 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:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 4, 1865**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 8

Date of onset

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

Man Degenerative Heart Disease

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

Other contributory causes of importance: **93C**

FATHER 13. NAME **Buchanan**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Franklin, Mo.** DATE **5/15/38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Edith E. Ambruster**
4234 Manchester

20. FILED **15 1938**
J. T. Bredeck
 Local Registrar

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

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 **Artery of Rockwood Jr.**
 (Signed) **Artery of Rockwood Jr.**, M. D.
 (Address) **City Hospital No. 1**

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Florny Eynck

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Florny Eynck

Licensed Embalmer No.

1284

P. O. Address

4234 Manchester

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.