

LICED MAR 13 1939

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

5084
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
(b) Township Primary Registration District No. 10003
(c) City St. Louis, (d) Street No. Home for the Aged 3400 So Grand St. Registered No. 1777
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME Elizabeth Buck

(a) Residence, No. 3400 So. Grand Blvd. St. 16
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1863.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 8 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as 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) Allenburg, Mo.

13. NAME Louis Burges

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

15. MAIDEN NAME Mary Puales

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

17. INFORMANT (ADDRESS) Sister Seraphine
3400 So. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL SS. Peter & Paul Cem. DATE Feb. 25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Gibbons & Co.
12842 Meramec St.

20. FILED J. D. Burdick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1939

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

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:45 P. m.

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

Fractures of Right thigh
pelvis, right wrist
and chest, suffered
when deceased fell
down the steps at the
Home for the Aged
the poor 3400 So Grand
on Feb 22 - 1939 - Exact time
unknown; Interni. Bleeding

Name of operation _____ Date of _____
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? Accident Date of injury 2/22 39

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

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? No

If so, specify _____
(Signed) W. D. [Signature] M. D.
(Address) _____

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.

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Herman A Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St.

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.)

St. Louis, Mo.

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