

APR 12 1939

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

8914
Do not use this space.

791
1003

2679

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) or **St. Louis** (d) Street No. **Homer, Phillips Hospital** St.
City **Life** (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

(a) Residence, No. **317 Convent** St. **22** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1909		
7. AGE	YEARS	MONTHS
	29	8
		DAYS
		26
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. brick worker	
	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) St. Louis (STATE OR COUNTRY) Missouri		
FATHER	13. NAME John Buckner	
	14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME Marie Baker	
	16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier		
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE March 23 , 19 39		
19. FUNERAL DIRECTOR (NAME) Russell Undt. Co. (ADDRESS) 2732 Pine Street		
20. FILED MAR 21 1939 J. D. Bredak Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 19**, 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **March 1**, 19**38**, to **March 19**, 19**39**

I last saw h. **im.** alive on **March 19**, 19**39**. Death is said to have occurred on the date stated above, at **11:45pm.**
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset
3/1/39

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? **clinical**..... 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) **Wallace Fitzgerald**, M. D.
(Address) **2601 N. Whittier**

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.

1 X 10905

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.....

Joel Russell

Licensed Embalmer No..... *2115*

P. O. Address.....

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.