

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

34668

Do not use this space.

RECD NOV 13 1939

1. PLACE OF DEATH 791
 (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No. **1003**
 or City **St. Louis** (c) Street No. **3726 Finney** St.
 (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 **Mrs. Bertha Buckles Buckner 256**
 (a) Residence, No. **3726 Finney Ave.** St. **11** (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) **M.**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **St. H. Buckner**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 17, 1866**

7. AGE	YEARS	MONTHS	Days
	73	2	8

IF LESS than 1 day, hrs. or min.

OCCUPATION

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. **Work**

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) **Greenville, Miss**

FATHER

13. NAME **Wallace Turner**

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

MOTHER

15. MAIDEN NAME **Emma Rynsch**

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

17. INFORMANT **Mrs. H. H. Buckner**
 (ADDRESS) **3726 Finney Ave.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **St. Peter's** DATE **Oct. 31, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **W. C. Gordon**
2649 Wetmore Blvd.

20. FILED **10-27, 1939** **J. T. Medrick**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/26/1939**

22. I HEREBY CERTIFY, That I attended deceased from **10/31**, 19**39** to **10/26/1939**
 I last saw him alive on **10/26**, 19**39**. Death is said to have occurred on the date stated above, **11:00 P.M.**
 The principal cause of death and related causes of importance were as follows:

Date of onset **2 days**

Cerebral hemorrhage

Other contributory causes of importance:
diffuse arteriosclerosis
arteriosclerosis
arteriosclerosis

Name of operation..... Date of.....
 What test confirmed diagnosis..... Was standard study.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **no** 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) **J. T. Medrick**, M. D.
 (Address) **825 1/2 W. Jefferson**

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.

OCT 9 1942

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.....

H. M. C. Gordon

Registered Apprentice No.....

working under my personal supervision.

Signed.....

H. M. C. Gordon

Licensed Embalmer No.....

3489

P. O. Address.....

2649 Delmar

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.