

JAN 12 1939

Registrar's No. **10571**

Registration District No. **7012**

Primary Registration District No. _____

1. PLACE OF DEATH: **St Louis**
 (a) County **St Louis**
 (b) City or town **St Louis**
 (c) Name of hospital or institution: **no Pacific**
 (d) Length of stay: In hospital or institution **5 days**
 In this community **5 days**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Ill** (b) County **St Clair**
 (c) City or town **Est Louis**
 (d) Street No. **1201 Cleveland ave**
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **John Tobin Bucklin 246**
 (b) If veteran, name war **no**
 (c) Social Security **702-12-5635**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **12** day **9**
 year **1939** hour **1** minute **32** P.M.

4. Sex **Male** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 (b) Name of husband or wife **Mina Bucklin**
 (c) Age of husband or wife if alive **66** years
 7. Birth date of deceased **Jan 17 - 1869**

21. I hereby certify that I attended the decedent from **December 4**, 1939, to **December 9**, 1939;
 that I last saw him alive on **December 9**, 1939;
 and that death occurred on the date and hour stated above.

8. AGE: Years **70** Months **10** Days **20**
 If less than one day hr. min.

Immediate cause of death **Cerebral Apoplexy**
 Duration

9. Birthplace **Green Bay Wisconsin**

Due to **Arterial Sclerosis**

10. Usual occupation **R R Switchman**

Due to **Carcinoma of Throat**

11. Industry or business **Steam switchman**

Other conditions **Carcinoma of Throat**
 (Include pregnancy within 3 months of death)
Colon

12. Name **Wm Estabing Bucklin**

Major findings: **Annular Carcinoma of Throat**
Colon
 Of autopsy

13. Birthplace **New York**

14. Maiden name **Eleanora Tobin**

15. Birthplace **New York**

16. (a) Informant's own signature **J. D. Bucklin**
 (b) Address **4327 Walnut - Kansas City, Mo**

17. (a) **Best St Louis** (b) Date thereof **12 9 39**

18. (a) Signature of funeral director **Harry Robins**
 (b) Address **417 N 8th St St Louis Ill**

19. (a) **DEC 11 1939** (b) **J. D. Bucklin**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

(c) Where did injury occur? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature **Walter Thompson** (M. D. or other)
 Address **1755 S. Grand** Date signed **12-9-39**

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.

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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 me

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

Signed Bernard Baldaris

Licensed Embalmer No. 2420

P. O. Address S. St. Louis Ill.

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.