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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Wh. Finley
State File No. 3775
Registrar's No. 141

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Overland
(c) Name of hospital or institution: 2205-Wengler Ave.
(d) Length of stay: In hospital or institution 20 years
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Overland
(d) Street No. 2205-Wengler
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME Addison Lee Buchanan 255

3. (b) If veteran, name war. 3. (c) Social Security No. 496-14-8779

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Florence Buchanan 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Jan. 1 1884

8. AGE: Years Months Days If less than one day
56 0 18 hr. min.

9. Birthplace Hamilton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Edward Buchanan
13. Birthplace Hamilton Illinois
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Florence Buchanan
(b) Address 2205-Wengler Overland, Mo.

17. (a) Burial (b) Date thereof 1-22-40
(c) Place: burial or cremation Free Free Care.

18. (a) Signature of funeral director J. J. Woodson
(b) Address 2506-Woodson Overland, Mo.

19. (a) JAN 24 1940 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19 year 1940 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan. 17 to Jan. 19, 1940
that I last saw him alive on Jan. 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Atherosclerosis

Due to 94%

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 J. J. Woodson (M. D. or other)
Address 2506 Woodson Date signed 1-21-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....



Licensed Embalmer No.....

3501

P. O. Address.....

Overland mo

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.