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FILED APR 28 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9430

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 2913

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. 4535 St. Ferdinand
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Buchanan A. (Bob)

3. (b) If veteran, name war Spanish Amer. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sadie M. Buchanan 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased August 30, 1872. (Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 26 If less than one day hr. min.

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

10. Usual occupation W.P.A. Painter

11. Industry or business Interior Decorating.

MOTHER FATHER
12. Name William G. A. Buchanan
13. Birthplace Newry (City, town, or county) Ireland (State or foreign country)
14. Maiden name Mary Perry
15. Birthplace Manchester (City, town, or county) England (State or foreign country)

16. (a) Informant Mrs. Sadie M. Buchanan
(b) Address 4535 St. Ferdinand St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/29/40 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.,

19. (a) MAR 28 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26, year 1940 hour 7:10 minute P. M.

21. I hereby certify that I attended the deceased from March 24, 1940 to March 26, 1940 that I last saw him alive on March 26, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute Bacterial Endocarditis Organism not Isolated	
Due to: Staphylococcus aureus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Jacob Freedman M.D. (M. D. or other)
Address 1515 Lafayette, Date signed 3/27/40

(Licensed Embalmer's Statement on Reverse Side)

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 J. G. Sullivan

Licensed Embalmer No. 1122

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.