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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29993

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 7332

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17
9

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

SS: 718-10-3742

1. PLACE OF DEATH:

(a) County

(b) City or town: St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2mos 12 das (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St Louis 11 12 9
(If outside city or town limits, write "RURAL")

(d) Street No.: 4430 Page
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Jesse Buford

3. (b) If veteran, name war: ---

3. (c) Social Security No.: Unk

4. Sex: Male 2

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Billie Buford

6. (c) Age of husband or wife if alive: 40 years

7. Birth date of deceased: Unavailable about 1891 (Month) (Day) (Year)

8. AGE: Years: abt. 50 | Months | Days | If less than one day: hr. min.

9. Birthplace: Unknown (City, town, or county) / Tennessee (State or foreign country)

10. Usual occupation: Waiter

11. Industry or business:

MOTHER FATHER

12. Name: Unavailable

13. Birthplace: Unavailable (City, town, or county) 9 (State or foreign country)

14. Maiden name: Unavailable

15. Birthplace: Unavailable (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Otis Hemingway, Sr.

(b) Address: 4430a Page Blvd.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 9-11-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park Cem.

18. (a) Signature of funeral director: Charles J. Oates

(b) Address: 4107 Finney Ave. St. Louis,

19. (a) SEP 11 1941 (Date received local registrar) (b) J. C. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1941 hour 3:20 minute A M.

21. I hereby certify that I attended the deceased from June 26, 1941, to Sept 8, 1941, that I last saw him alive on Sept 8, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Intestine	Abt 6 mos
Intestinal Obstruction	2 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy: As above

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: K. Fletcher (M. D. or other) D
Address: 2601 N Whittier Date signed: 9-9-41

(Licensed Embalmer's Statement on Reverse Side)

JUL 17 1947

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 James A. Johnson Registered Apprentice No. ....., working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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, fact should be so stated above.