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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32923

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7875

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

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17
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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: 3609 Cozens ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community about 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town Saint Louis 11 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3609 Cozens ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Nellie Robinson Buckner

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 3

5. Color or race Col

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Henry Buckner

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

7. Birth date of deceased June (Month) 8 (Day) 1884 (Year)

8. AGE: Years 57 Months 3 Days 22 If less than one day hr. min.

9. Birthplace Bridgeport (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Robert Buckner
13. Birthplace Lexington (City, town, or county) Ky. 1 (State or foreign country)

MOTHER
14. Maiden name Sophia Nelson
15. Birthplace Charleston (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Virgie Redd
(b) Address 3609 Cozens ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation ST Peters, Cem.

18. (a) Signature of funeral director Ellis Funn Home
(b) Address 2820 Stoddard St.

19. (a) 10-6-41 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-30 day
year 1941 hour 12:40 minutes A. M.

21. I hereby certify that I attended the deceased from Sept 1st HCR, 1941, to Sept 29, 1941
that I last saw h[illegible] alive on 29 day of Sept, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Left Breast	6 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

50

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 0

23. Signature Chas E. Hurst (M. D. or other)
Address 4322 A Easton Date signed 9/30-41

(Licensed Embalmer's Statement on Reverse Side)

JUN 9 1949

JUL 2 - 1949

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~~ L. Boyk

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.