

FILED FEB 24 1942  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 36

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

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: Firman Desloge Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days  
(Specify whether \_\_\_\_\_)

In this community Life Time  
years, months or days

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. 406 DeSoto 0  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Percy Buchanan

(b) If veteran, name war None (c) Social Security No. 497 09 5066

4. Sex Male 11 (d) Color or race White

5. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mamie Buchanan 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Aug. 5, 1877  
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 28 If less than one day hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Alexander Buchanan

13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Virginia Buchanan  
(City, town, or county) (State or foreign country)

15. Birthplace Paducah Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Buchanan

(b) Address 406 DeSoto

17. (a) Burial (b) Date thereon Jan. 5, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Stroet Carroll

(b) Address 4600 Natural Bridge

19. (a) JAN 3 1942 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2  
year 1942 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from December 29 1941, to January 2 1942; that I last saw him alive on January 1 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia & difficulty of swallowing & edema of upper extremities 4mo

Due to Carcinomatosis of skin of neck & lymph glands of neck and mediastinum 4mo

Due to Carcinoma of uncertain origin - probably esophagus Uncertain

Other conditions Senility

Duration

4mo

4mo

Uncertain

Major findings: Of operations Biopsies only - epidermoid carcinoma

Of autopsy Not granted

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. Ernest Jensen (M. D. or other) M.D.

Address Firman Desloge Hospital Date signed 1/2/42

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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.....

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

Signed *Sheldon Collier*

Licensed Embalmer No. *3382*

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, fact should be so stated above.**