V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35226

State File No.

FILED DEC 1 1942

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9729

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: en route City Hospital #1 (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 25-009 17 9

(c) City or town St. Louis, (If outside city or town limits, write "RURAL")

(d) Street No. 221 S. Broadway. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Thomas Buckley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 1st (Day) 1880 (Year)

8. AGE: Years 61 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Caseyville (City, town, or county) illinois (State or foreign country)

10. Usual occupation Handbill Distributator

11. Industry or business

FATHER 12. Name Michael Buckley

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

MOTHER 14. Maiden name Bridget Laid

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

16. (a) Informant Daniel Buckley

(b) Address 62o North 25th st East St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/42 (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Collinsville Ill.

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) NOV 23 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1942 hour 9 minute 18 A. M.

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

Immediate cause of death General Peritonitis due to a ruptured gastric ulcer (Phloric). — Duration

Due to

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 (M. D. or other)

Address Date signed 11/23/42

(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.....

Licensed Embalmer No. 2265

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.