. S. No. 2
0M—2-43
5-17-39
I. X35697

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

State File No. 19445

FILED JUN 19 1943

Registration District No. 1318 Primary Registration District No. 1003 Registrar's No. 5319

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

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

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Mo. (b) County

(c) City or town St. Louis 9 19
(If outside city or town limits, write "RURAL")

(d) Street No. 4349 Olive St
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Victor Nilio Buccat

3. (b) If veteran, name war none

3. (c) Social Security No. 493-05-4996

4. Sex male

5. Color or race 4 Philippino

6. (a) Single, widowed, married, divorced 1 married

6. (b) Name of husband or wife Beryl Routt Buccat

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased September (Month) 10, (Day) 1910 (Year)

8. AGE: Years 32 Months 8 Days 30 If less than one day hr. min.

9. Birthplace (City, town, or county) Philippine Island 7 (State or foreign country)

10. Usual occupation Waiter

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Philippine Island 7 (State or foreign country)

MOTHER
14. Maiden name Sophia Nilio
15. Birthplace (City, town, or county) Philippine Islans 7 (State or foreign country)

16. (a) Informant Mrs Victor Buccat
(b) Address 4349 Olive St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mo SS Peter + Pauls

18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd

19. (a) JUN 10 1943 (Date received local registrar) (b) F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1943 hour 6 minute 05 A.M.

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

Immediate cause of death General Peritonitis following gunshot wound of Liver Gall Bladder and Pancreas

Due to Inflicted with Rifle in the hands of one Lysion Lenore

Due to Renshre in front of 4351 Olive St about 1 Pm

Other conditions 6-7-43
(Include pregnancy within 3 months of death)

Major findings:
Of operations 166

Of autopsy

Duration

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) Homicide

(b) Date of occurrence 6-7-43

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred J Perry (M. D. or other)

Address Deputy Coroner Date signed 6/10/43

(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. Albert G. Hoppe

Licensed Embalmer No. 2971

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.