V. S. No. 2
100M—2-43
Rev. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 28 1943

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 29777

Registrar's No. 8265

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 #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 13

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

(d) Street No. 5201 Pattison Ave
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary Buckner

3. (b) If veteran, name war ********

3. (c) Social Security No. 493-20-9571

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased February 20 1921
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
22	6	26	hr. min.

9. Birthplace Oklahoma (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Keeney
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Agnes Bray
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Cecil Buckner
(b) Address 5201 Pattison Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 18 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Licking Missouri

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) SEP 17 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16th. day September year 1943 hour 1:30 minute 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 Sodium Fluoride poisioning self administered at her home

Due to 5201 Pattison Ave On the 15th day of September 1943 at about

Due to 8:38 P.M.

Suicide

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 163 Y

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) Suicide

(b) Date of occurrence September 15th. 1943

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

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

While at work? No Home (e) Means of injury 3

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

Address Deputy Coroner Date signed 9/17/43

(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.....Frank J. Owens.....

Licensed Embalmer No.....2248.....

P. O. Address.....St Louis Mo.....

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.