

S. No. 2
M-2-43
5-17-39
PI X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36185

State File No. 10191

FILED DEC 3 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10191

079

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: MISSOURI BAPTIST Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY 0
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME KENNETH BUCHANAN

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

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 (Day) (Year)

7. Birth date of deceased Nov 18 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 0 2 — hr. — min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

12. Name KENNETH BUCHANAN

13. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

14. Maiden name MARIE COTNER

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

16. (a) Informant KENNETH BUCHANAN

(b) Address 9412 Corregidor

17. (a) BURIAL (b) Date thereof 11-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valley Hill

18. (a) Signature of funeral director [Signature]

(b) Address 2707 N. Grand Blvd.

19. (a) NOV 22 1943 (b) J. F. Brudick
(Date received local health) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis ⁰⁹⁶

(c) City or town Overland ¹³
(If outside city or town limits, write "RURAL")

(d) Street No. 9412 Corregidor St. ^{NR}
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 20
year 1943 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 19
1943 to Nov 20 1943

that I last saw him alive on Nov 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral birth injury
natural delivery

Due to _____

Due to 1/20

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Lumbar puncture
old hemorrhage

Of autopsy _____

PHYSICIAN [Signature]

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. W. [Signature] (M. D. or other)

Address 45 [Signature] Date signed 11/20/43

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 *W E Morris*.....

Licensed Embalmer No. *9360*.....

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.