S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12600

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 3335

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: Isolation Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4/6/44 to 4/9/44 (Specify whether years, months or days)

In this community

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. 3023a EASTON. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anna Buch.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex female

5. Color or race Colored

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

6. (b) Name of husband or wife JOSEPH BUCH

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec. (Month) 25 (Day) 1883 (Year)

8. AGE: Years 60 Months 3 Days 16 If less than one day hr. min.

9. Birthplace ATLANTA GEORGIA. (City, town, or county) (State or foreign country)

10. Usual occupation House Wife.

11. Industry or business None.

FATHER
12. Name UNKNOWN.
13. Birthplace UNKNOWN. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN.
15. Birthplace UNKNOWN. (City, town, or county) (State or foreign country)

16. (a) Informant Viola Becktame

(b) Address 5600 Arsenal ST.

17. (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof Apr. 14 44 (Month) (Day) (Year)

(c) Place: burial or cremation Father Dixon Cem

18. (a) Signature of funeral director Boyd Bros

(b) Address 3704 Finney ave.

19. (a) APR 10 1944 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th year 1944 hour 4 minute 30 a M.

21. I hereby certify that I attended the deceased from April 6th, 1944, to April 9th, 1944 that I last saw her alive on April 9th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death meningitis (meningococcus) — Duration 2 days

Due to ~~hypertensive heart disease~~ 6

Due to

Other conditions hypertensive heart disease (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy meningitis; heart disease

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 Gerald J Conlin (M. D. or other) M.D.

Address 5600 Arsenal St. Date signed 4-9-44

4.9.44

(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 William C. McDowell, Registered Apprentice No._____, working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.