DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1944

Registration District No. 378

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 195341

Primary Registration District No. 1003

Registrar's No. 5424

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: Laclede Hotel, 507 Chestnut Street.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000

(c) City or town St, Louis. (If outside city or town limits, write "RURAL") 17 259

(d) Street No. 507 Chestnut Street.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME John Buchanan.

3. (b) If veteran, name war None

3. (c) Social Security No. 489-12-6179

4. Sex 0 Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed. 2

6. (b) Name of husband or wife Lida Buchanan

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

7. Birth date of deceased July (Month) 7 (Day) 1896 (Year)

8. AGE: Years 47 Months 11 Days 8 If less than one day hr. min.

9. Birthplace St, Louis, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Houseman - Hotel.

11. Industry or business

FATHER
12. Name John Buchanan.
13. Birthplace St, Genevieve, Missouri. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara H. Lenz.
15. Birthplace St, Louis, Missouri. (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs Anna Puckett.
(b) Address 4200 Osceolo Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/44 (Month) (Day) (Year)
(c) Place: burial or cremation St, Peters Cemetery

18. (a) Signature of funeral director Geo.L.Pleitsch,Inc.
(b) Address 5966 Easton Avenue.St,Louis,Mo.

19. (a) (Date received local registrar) JUN 16 1944 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1944 hour 5 minute 45 P 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 Chronic Coronary Heart Disease
Chronic Hypertrophy Myocarditis
Due to Chronic Interstitial Nephritis

Due to 131 R

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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)
(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 [signature] (M. D. or other) 3
Address [signature] Date signed 6/16/44

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Ben Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.