

FILED JUN 30 1944

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

5579

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4125 Enright (Rear)  
 (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

3. (a) PRINT FULL NAME

Mattie Bukey

3. (b) If veteran, name war \_\_\_\_\_

5. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Colored  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Wilson Bukey 6. (c) Age of husband or wife if alive 73 years  
 7. Birth date of deceased Nov 9 1871  
 (Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Henderson Kentucky  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Wm Bukey

(b) Address 4125 Enright (Rear)

17. (a) Burial (b) Date thereof 6-23-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (c) Signature of funeral director E. B. Long

(b) Address 3506 Franklin

19. (a) JUN 29 1944 (b) J. F. Bredeck  
 (Date received local registrar) (Registrar's signature)

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. 4125 Enright (Rear)  
 (If rural, give location)  
 (e) Citizen of foreign country? yes (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th year 1944 hour 5 minutes 40 A M.

21. I hereby certify that I attended the deceased from 15th \_\_\_\_\_ 1944 to 19th \_\_\_\_\_ 1944  
 that I last saw her alive on June 19 \_\_\_\_\_ 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
 Duration 12 hrs  
 Due to Plutey, nephritis and high blood pressure 2 hrs  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 83

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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. F. Bredeck (M. D. or other \_\_\_\_\_)

Address 2330 Franklin Date signed 6/19/44

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

MOTHER FATHER

JUN 20 1944

*Embalmer's separate Cert. to be filed*

**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.....

Licensed Embalmer No.....

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.**