S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31728

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9491

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. 414 Abston Ave. NR 6 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Robert Louis Buckner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife ------

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

7. Birth date of deceased March (Month) 15, (Day) 1935. (Year)

8. AGE: Years 10 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Clayton (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Attending School

11. Industry or business

FATHER
12. Name Frank Buckner
13. Birthplace Texas County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Della Buckner
15. Birthplace Texas County (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Mrs. Frank Buckner
(b) Address Ferguson, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/45. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (c) Signature of funeral director White Funeral Home
(b) Address Ferguson, Missouri.

19. (a) NOV 2 1945 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1945 hour 3 minute 50A. M.

21. I hereby certify that I attended the deceased from 10-23, 1945, to 11-1, 1945;
that I last saw him alive on 10-31, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Bronchial pneumonia (Terminal)

Due to Congenital absence of left kidney and nephritis of Rt kidney

Due to arterio sclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Uremia Bronchopneumonia absent left kidney Nephritis Rt.

Duration 4 days

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 W. E. Moore (M. D. or other) MD

Address 7301 Natural Bridge Date signed 11-1-45

(Licensed Embalmer's Statement on Reverse Side) Normandy Mo

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. L. M. Schulte

Licensed Embalmer No. 3973

P. O. Address. Ferguson 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.