

FILED MAY 31 1946
Registration District No. 3182

Primary Registration District No. 1003

State File No. 14554

Registrar's No. 3830

1. PLACE OF DEATH:

(a) County ST. LOUIS MO.
(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3642² HUMPHREY
(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 LILLY BUCK
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Dec. 7 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation: HOUSE WIFE

11. Industry or business _____

MOTHER FATHER { 12. Name WM. HEREEN 4
13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant ALBERT BUCK
(b) Address 2658³ NEBRASKA

17. (a) BURIAL (b) Date thereof: APR. 29, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CANVARY CEM.

18. (a) Signature of funeral director: Thos. Kestor
(b) Address 2906 GRAVOIS

19. (a) APR 26 1946 (Date received local registrar) (Registrar's signature) J. T. Bredeck

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 200
(c) City or town ST. LOUIS 16
(If outside city or town limits, write "RURAL") 17
(d) Street No. 3642² HUMPHREY 7
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 26
year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 1942
to April 26, 1946
that I last saw him alive on April 25, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary edema Position Prone

Due to Coronary thrombosis 9 weeks
Langrene of left foot 3 weeks
Due to arteriosclerosis

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

Major findings: _____
Of operations: _____
Of autopsy: _____

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 _____
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) Means of injury _____

23. Signature: Carl Baker M.D. or other) _____
Address 3353 Nebraska Date signed 4-26-46

JUL 1 1947

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 Leo J. Budd
Licensed Embalmer No. 3989
P. O. Address St. Louis, Mo.

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

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

Registration District No. 318

Primary Registration District No. 1003

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:
(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 Lilly Buck

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased see (Month) 7 (Day) (Year)

8. AGE: Years 79 Months _____ Days _____ (Unless than one day) hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) mo

10. Usual occupation _____

11. Industry or business _____

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

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

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) J. F. Bredeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____, that I last saw him/her alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death _____

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

Major findings:
Of operations _____
Of autopsy _____

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? _____
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

MAY 7 1946

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

MOTHER FATHER

14554

JUL 1 1947