7. S. No. 2
00M—5-43
ev. 5-17-39
Form I X26671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28503

FILED SEP 18 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2458

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: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One hr. (Specify whether
In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County 2 203 17
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 317 Convent (If rural, give location) 4 5
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elmo Buckley
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Buckley
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May (Month) 3 (Day) 1877 (Year)

8. AGE: Years 69 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation Labor
11. Industry or business

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

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

16. (a) Informant Ida Buckley
(b) Address 1711 Papin St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 28 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director A. L. Burke
(b) Address 219 E Lafayette
19. (a) AUG 29 1946 (Date received local registrar) F. J. Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1946 hour 10 minute 30 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 Malignant Lymphoma of groin, lymphangitis of left leg, and fracture of left femur when struck by a truck driven by one William Leach at the intersection of Broadway and Barry St. about 8.30 p.m. Aug. 24 1946

Duration

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) Accident
(b) Date of occurrence Aug 24 1946
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Pedestrian
23. Signature Alfred Allen (M. D. or other)
Address Date signed 8/29/46

(Licensed Embalmer's Statement on Reverse Side)

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

Emb separate Cert to be filed

AUG 29 1946

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.