

S. No. 2
OM-5-43
v. 5-17-39
I X38671

Registration District No. **24 1948**

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:
3539 Market 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 **About 30 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town **Kirkwood 22,**
(If outside city or town limits, write "RURAL") **NR 4**

(d) Street No. **215 Chicago**
(If rural, give location) **NR 3**

(e) Citizen of foreign country? **No** (Yes or No) **/**
If yes, name country _____

3. (a) PRINT FULL NAME **Cornelius Buchanan**

3. (b) If veteran, name war **W.W.1**

3. (c) Social Security No **498-18-7091**

4. Sex **M** **2** **5. Color or race** **Col.**

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

6. (b) Name of husband or wife **Clementine Buchanan**

6. (c) Age of husband or wife if alive **30** years

7. Birth date of deceased **11-23-1901**
(Month) (Day) (Year)

8. AGE: Years **45** Months **3** Days **29** If less than one day
hr. min.

9. Birthplace: **Fayetteville Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Laclede Christye Corp.**

MOTHER FATHER

12. Name **Will Buchanan**

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

14. Maiden name **Little** (Last name unknown)

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

16. (a) Informant **Clementine Buchanan-Wife**

(b) Address **3701 Vista, St. Louis, Mo.**

17. (a) Burial (b) Date thereof **3-13-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nat. Cem. Jeff. Brks. Mo.**

18. (a) Signature of funeral director **Marie Riley**

(b) Address **3759 Finney Ave. St. Louis 13**

19. (a) (Date received local registrar) **11-12-1947** **(b) J. F. Bredeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **10** year **1947** hour **8:37** minute **A.** 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 _____

Ruptured Aortic Aneurysm

Due to _____

Due to **30**

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) (e) Means of injury **3**

23. Signature **Thomas F. Cellana** (M.D. or other) **3**

Address **Coan** Date signed **3-17-47**

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

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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 *Frederic E. Carlson*

Licensed Embalmer No. *21341*

P. O. Address *St. James 13 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.