

S. No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

10617
State File No. _____
Registrar's No. **3183**

Registration District No. **318**

Primary Registration District No. _____

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:
4745 Easton Ave.
(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)

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. 4745 Easton Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lynden S. Buchanan
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. **DATE OF DEATH:** Month 3 day 24
year 1947 hour 2:20 minute _____ P. M.

4. Sex male 5. Color or race white
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 3 2 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/11, 1946 to 3/24, 1947
that I last saw him alive on 3/24, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
61 0 22 hr. min.

Immediate cause of death:
Heart Duration 3 mo.

9. Birthplace Peoria Illinois
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation Musician

Other conditions (include pregnancy within 3 months of death)
None

11. Industry or business retired

Major findings:
Of operations _____

12. Name William H. Buchanan

Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

14. Maiden name Lydia Reynolds

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

16. (a) Informant William B. Buchanan
(b) Address 4225 Olive St.

17. (a) burial (b) Date thereof 3/27/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) MAR 25 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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 _____ Date signed 1/23/47

Address 2251 Union Blvd.

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

MOTHER FATHER

Dr. George Godfrey (2-4)
5251 Natural Bridge

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 Warren A. Carver
Licensed Embalmer No. 3534
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.