S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6132
1819

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

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

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: 3211 CAROLINE ST.
(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 Mo. (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3211 CAROLINE AV.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WALTER ANTHONY BUCK
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M. O
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 OCTOBER (Month) 5 (Day) 1902 (Year)
8. AGE: Years 45 Months 4 Days 15 If less than one day hr. min.
9. Birthplace ST. LOUIS (City, town, or county) Mo. (State or foreign country)
10. Usual occupation NIL
11. Industry or business
FATHER
12. Name CHARLES BUCK
13. Birthplace ST. LOUIS (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name FRANCES BRAUN
15. Birthplace ST. GENEVIEVE (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Mary Buck
(b) Address 3211 Caroline St
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Feb 24-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ CALVARY Cem
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av
19. (a) FEB 24 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1948 hour 8 minute 30 p.M.
21. I hereby certify that I attended the deceased from Feb 20, 1948 to Feb 20, 1948
that I last saw him alive on Feb 20-48, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	Few hrs.
Due to: Chronic Bronchial Asthma	2 yrs.
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature L. Bleuch (M. D. ~~or other~~) MD
Address 1451 S. Compton Date signed 4/23/48

(Licensed Embalmer's Statement on Reverse Side)

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 Vern Dizemore

Licensed Embalmer No. 4343

P. O. Address St Louis 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.