

FILED OCT 18 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

33971

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8392

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Weeks
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME JAMES BUCKLEY

3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

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 August 29 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 0 24 hr. min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name William Buckley 7

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

14. Maiden name Mary Walsh 7

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

16. (a) Informant Sister Henry

(b) Address 3400 So. Grand Blvd.

17. (a) Burial (b) Date thereof Sept. 27, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) SEP 27 1948 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. Little Sisters of the Poor 9
3400 So. Grand Blvd. (9years) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd
year 1948 hour 10:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured left hip; Arteriosclerosis; suffered when deceased fell to the floor in his room at the Little Sisters of the Poor Home for the Aged, 3400 S. Grand Boul. on Aug. 21, 1948, at about 10:00 A.M. Duration _____

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 000

(b) Date of occurrence Aug. 21, 1948

(c) Where did injury occur? St. Louis, Mo
(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 (b) Means of injury see above

23. Signature Cathel E Taylor Sept 23
(M. D. or other) _____

Address 1300 Clark Date 9-29-48

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

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Joe S. Benz
Licensed Embalmer No. 4269
2842 Meramec St.
P. O. Address St. Louis, 18 Missouri

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.