

FILED AUG 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 24606
6482

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. CITY (If outside corporate limits; write RURAL and give township) St. Louis 2209	
d. FULL NAME OF (If not in hospital or institution, give street address or location) St. Louis Children's Hospital		STREET ADDRESS (If rural, give location) 1717 Glasgow	

3. NAME OF DECEASED a. (First) Willie b. (Middle) G. c. (Last) Buchanan			4. DATE OF DEATH (Month) (Day) (Year) July 25 1950		
5. SEX male	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 11 1943	9. AGE (In years last birthday) 7yr	10. MONTHS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Nettleton - Miss.		12. CITIZEN OF WHAT COUNTRY? Amer.

13a. FATHER'S NAME Jean Autrey	13b. MOTHER'S MAIDEN NAME Maggie Buchanan	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stricture between plastic esophagus and stomach.		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) He died.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) Plastic esophagus made to replace lye burn of esophagus. Several years old.		

19a. DATE OF OPERATION 7-25-50	19b. MAJOR FINDINGS OF OPERATION Stricture plastic esophagus. Hemorrhage.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 539.1

22. I hereby certify that I attended the deceased from 7-9-50, 1950, to 7-25, 1950, that I last saw the deceased alive on 7-25, 1950, and that death occurred at 9:50 AM, from the causes and on the date stated above.

23a. SIGNATURE Dr. L. Smith	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/2/50	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. JUL 29 1950	REGISTRAR'S SIGNATURE J. B. Hasler	25. FUNERAL DIRECTOR'S SIGNATURE GATES FUNERAL HOME Charles J. Gates, 4107 Finney Ave.
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WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Signed 14 - F. Draper.....
Student Embalmer

Student Embalmer No. 317.....

Signed John R. Cunningham.....

Licensed Embalmer No. 4476.....

P. O. Address 4107 Finney.....

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.