

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38324

318

1002

10094

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| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | 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) OR TOWN St. Louis, Missouri | | c. LENGTH OF STAY (In this place) 35 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2729 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary | | | | d. STREET ADDRESS (If rural, give location) 1524a Singleton St. | | | |
| 3. NAME OF DECEASED (Type or Print) LORRAINE | | a. (First) | | b. (Middle) M. | | c. (Last) BUCKNER | |
| 4. DATE OF DEATH (Month) (Day) (Year) 11-26-50 | | 5. SEX 3 Female | | 6. COLOR OR RACE Colored | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH 11/9/15 | | 9. AGE (In years last birthday) 35 | | IF UNDER 1 YEAR Months 17 | | IF OVER 1 YEAR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Scudder Woolford | | 13b. MOTHER'S MAIDEN NAME Hazel Williams | | 14. NAME OF HUSBAND OR WIFE Henry Buckner | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Henry Buckner / 1524a Singleton | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH Unknown Unknown | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | | 21f. HOW DID INJURY OCCUR? 243X | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from 11-18, 1950, to 11-26, 1950, that I last saw the deceased alive on 11-25, 1950, and that death occurred at 6:00 A.M., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) M.D. | | 23b. ADDRESS 11 N. Jefferson | | 23c. DATE SIGNED 11-27-50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11/29/50 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri. | |
| DATE REC'D BY LOCAL REG. NOV 29 1950 | | REGISTRAR'S SIGNATURE J. B. Fessler | | 25. FUNERAL DIRECTOR'S SIGNATURE Houston Funeral Home | | ADDRESS 2812 Thomas St. Louis | |

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.

.....
Student Embalmer No.

Signed.....

Leroy W. Barnette

Signed.....
Student Embalmer

Licensed Embalmer No. *4523*

P. O. Address *3880 Edinboro Ave*

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.