

FILED MAY 28 1951

STANDARD CERTIFICATE OF DEATH

State File No. 17884

318

1003

Registrar's No. 4577

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 17884	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis MO</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis 2189</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>18 30 30 Hickory St</u>			
3. NAME OF DECEASED (Type or Print) <u>Anna Bell Buchanan</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>May 10 1951</u>	
5. SEX <u>F 3</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 15 1910</u>	
9. AGE (In years last birthday) <u>41</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Robert Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Unterschied</u>		14. NAME OF HUSBAND OR WIFE <u>Larise Buchanan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>30 30 Hickory</u> ADDRESS _____			
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined</u>							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>							
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) _____			
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? <u>334X</u>			
22: I hereby certify that I attended the deceased from <u>5-8</u> , 19 <u>51</u> , to <u>5-10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-10</u> , 19 <u>51</u> , and that death occurred at <u>4:45p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Alvin J. Thompson</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>5-11-51</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 15 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Center</u>		24d. LOCATION (City, town, or county) (State) <u>Mount Airy MO</u>	
DATE REC'D BY LOCAL REG. <u>MAY 16 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Easton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. (Buck) 212 Carroll</u> ADDRESS _____			

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 myself

.....
working under my personal supervision.

Student Embalmer No.

Signed J. H. T. Vandell

Signed.....
Student Embalmer

Licensed Embalmer No. 4243

P. O. Address Webster Grove, 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.