

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29042
State File No. 3035
Registrar's No. 3035

FILED SEP 7 1951

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076

4001
4

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

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>LOGAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LINCOLN</u>	
c. LENGTH OF STAY (In this place) <u>30 years</u>		d. STREET ADDRESS (If rural, give location) <u>318 PEKIN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedarcroft Convalescent Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Miriam</u> b. (Middle) <u>Carolyn</u> c. (Last) <u>Buchanan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-1-1951</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE (1)</u>	
8. DATE OF BIRTH <u>9-21-1871</u>		9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House holder</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mount Pulaski, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	

13a. FATHER'S NAME <u>George Buchanan</u>		13b. MOTHER'S MAIDEN NAME <u>Christina Rouse</u>		14. NAME OF HUSBAND OR WIFE _____	
---	--	--	--	-----------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>George Buchanan - Nephew Kirkwood Mo</u>	
--	--	-------------------------------	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arterio sclerosis 34 years plus</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			_____
DUE TO (c) _____		4200			_____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____			_____

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? _____	
---	--	--	--	----------------------------------	--

22. I hereby certify that I attended the deceased from Sept 11, 1948, to Sept 1, 1951, that I last saw the deceased alive on Sept 1, 1951, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Palmer Armand Bowlich M.D.</u>		23b. ADDRESS <u>5800 Arsenal, Saint Louis</u>		23c. DATE SIGNED <u>9-1-51</u>	
--	--	---	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-3-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD MO</u>					

DATE REC'D BY LOCAL REG. <u>9-2-51</u>		REGISTRAR'S SIGNATURE <u>Herbert K. Demko MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parke Aldrich F. Home Web. Shows Mo.</u>	
--	--	--	--	--	--

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Leslie Welch

Licensed Embalmer No. *4395*

P. O. Address *Hahater Groves Md*

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.