

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6279

State File No. 1174  
Registrar's No. 1174

BIRTH NO. 9925 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS 1739 Preston Pl. # 4	
3. NAME OF DECEASED (Type or Print) a. (First) Baby Bruce		b. (Middle) Allan	
		c. (Last) Buck	
4. DATE OF DEATH 2-5-52		5. SEX Male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) —	
8. DATE OF BIRTH 2-4-52		9. AGE (In years last birthday) 23	
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) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? C	
13a. FATHER'S NAME William Jasper Buck		13b. MOTHER'S MAIDEN NAME Annie Esther Crider	
14. NAME OF HUSBAND OR WIFE William J. Buck		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —	
16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annie Esther Buck	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Respiratory Failure  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atelectasis DUE TO (c) Prematurity  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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 16215		22. I hereby certify that I attended the deceased from 2/4, 1952, to 2/5, 1952, that I last saw the deceased alive on 2, 1952, and that death occurred at 6:02 p.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Carl A. George M.D.		23b. ADDRESS 1325 S. Grand	
23c. DATE SIGNED 2-5-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 2-6-52		24c. NAME OF CEMETERY OR CREMATORY Wardell, Mo	
DATE REC'D BY LOCAL REG. FEB-6 1952		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE M. Langhans		ADDRESS 2307 Lafayette Ave St. Louis 4, Mo	

**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.

*Not embalmed*

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.