

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11303

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. 6076 Registrar's No. 376

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS 48 DAYS
c. CITY (If outside corporate limits, write RURAL and give township) MULBERRY GROVE 8120
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM. HOSP. 8

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ILLINOIS b. COUNTY BOND
c. CITY (If outside corporate limits, write RURAL and give township) MULBERRY GROVE
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES b. (Middle) C. c. (Last) BUCHANAN
4. DATE OF DEATH FEBRUARY 11, 1952

5. SEX MALE 0 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 5 8. DATE OF BIRTH 1878
9. AGE (In years last birthday) 73 10. UNDER 1 YEAR Months 11. UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 10b. KIND OF BUSINESS OR INDUSTRY ILLINOIS 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WALTER BUCHANAN 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES 18-20-17 to 1-30-18 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS., MO. 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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHO-PNEUMONIA, LOWER LOBE LEFT LUNG 491XB
ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)
11. OTHER SIGNIFICANT CONDITIONS SUBDURAL HEMATOMA, LEFT SYPHILITIC AORTITIS & VALVULITIS 10 days 2 years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-25, 1951, to 2-11, 1952, that I last saw the deceased alive on 2-9, 1952, and that death occurred at 8:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED
Herbert H. Donohue, M.D. VAH, JEFF BRKS, MO. 2-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)
Removal 2-12-52 MULBERRY GROVE MULBERRY GROVE, ILLINOIS

DATE REC'D BY LOCAL REG. 2-12-52 REGISTRAR'S SIGNATURE Herbert H. Donohue M.D. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parnell - Mulberry Grove Ill.

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

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10-40

FILED MAR 19-1952

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8897

JUL 13 1956

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 *John Ketter*

Licensed Embalmer No. *3880*

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.