V.S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15527

24097
FILED APR 18 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3512

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Louis Maternity

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2249
d. STREET ADDRESS (If rural, give location): 24 1935a Withnell Place 0

3. NAME OF DECEASED (Type or Print)
a. (First): Baby Girl
b. (Middle):
c. (Last): Buckingham

4. DATE OF DEATH (Month) (Day) (Year): April 2 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): — 0
8. DATE OF BIRTH: April 1 1953
9. AGE (In years last birthday): If under 1 year: Months: Days: If under 24 hrs.: Hours 22 Min. 10

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 Missouri 0
12. CITIZEN OF WHAT COUNTRY?: —

13a. FATHER'S NAME: Richard Sherman Buckingham
13b. MOTHER'S MAIDEN NAME: Edna Lucille Enzor
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): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Richard & Edna Buckingham
ADDRESS: Above

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Incompatible with Life (25 weeks) — 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)

DUE TO (c)

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 ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

7700

22. *I hereby certify that I attended the deceased from* April 1 1953, *to* April 2 1953, *that I last saw the deceased alive on* April 2, 1953, *and that death occurred at* 2:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Miriam M. Pennoyer MD
23b. ADDRESS: 630 S. Kingshighway
23c. DATE SIGNED: 4-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-2-53
24c. NAME OF CEMETERY OR CREMATORY: Elmwood
24d. LOCATION (City, town, or county) (State): Flora, Ill.

DATE REC'D BY LOCAL REG.: APR 2 1953
REGISTRAR'S SIGNATURE: J. Carl Smith MD
M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was [redacted] by

Not embalmed.

working under my personal supervision.

Student Embalmer No.....

Signed Elton H. Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.