

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**19914**

FILED JUN 20 1955

State File No. \_\_\_\_\_

BIRTH NO. 17007-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4082

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>  c. LENGTH OF STAY (In this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3304 S. 18th St.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>  d. STREET ADDRESS (If rural, give location) <u>3304 S. 18th St. 2290</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Harvey</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Buck Jr.</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 8 1955</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>never married</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 20 1955</u>
<b>9. AGE</b> (In years last birthday) <u>21</u>		<b>10. AGE</b> (In years last birthday) <u>21</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>none</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Louis Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>Mo.</u>	
<b>13a. FATHER'S NAME</b> <u>Harvey J. Buck.</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Roberta Larcom</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>none</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>no</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Harvey C. Buck</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>19. ADDRESS</b> <u>3122 Arsenal</u>	
<b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Subdural Hemorrhage</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(from child birth)</u> DUE TO (c) <u>Posto. malarial of stomach</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 1/2</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>19a. DATE OF OPERATION</b> _____	
<b>19b. MAJOR FINDINGS OF OPERATION</b> _____		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	
<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <u>331X</u>	
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ A.M., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Type or Print) <u>Dr. J. M. ...</u> (Describe title)		<b>23b. ADDRESS</b> <u>1300 Clark</u>	
<b>23c. DATE SIGNED</b> <u>5/9/55</u>		<b>24. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	
<b>24b. DATE</b> <u>5-10-55</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Matthews Cem.</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Mo.</u>		<b>DATE REC'D BY LOCAL REG.</b> <u>MAY 9 1955</u>	
<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>	
<b>ADDRESS</b> <u>2929 S. Jefferson St.</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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Harold E. Witt*

Licensed Embalmer No. *4353*

P. O. Address *2929 S. Jefferson*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.