

FILED OCT 3 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30642**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7941**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		a. STATE MISSOURI b. COUNTY ST. LOUIS	
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN H 2201	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 3556 GORDON		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) John	b. (Middle) BRYANT	c. (Last) BUCHANAN	SEPT 7 1955			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 8 1885	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST	10b. KIND OF BUSINESS OR INDUSTRY WASCHEN WIRE ROPE	11. BIRTHPLACE (City and State or Foreign Country) BONNE TERRE MISSOURI		12. CITIZEN OF WHAT COUNTRY USA		

13a. FATHER'S NAME NETTLETON A BUCHANAN	13b. MOTHER'S MAIDEN NAME EMMA BYINGTON	14. NAME OF HUSBAND OR WIFE LORA BUCHANAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) No	16. SOCIAL SECURITY 323-10-4219	17. INFORMANT'S SIGNATURE OR NAME LORA E. BUCHANAN ADDRESS 3556 GORDON AVE

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		INTERVAL BETWEEN ONSET AND DEATH 6 mo. 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial asthma 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 241x	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 **Aug 23**, 19**55**, to **Sept 7**, 19**55**, that I last saw the deceased alive on **Sept 7**, 19**55**, and that death occurred at **11 P** m., from the causes and on the date stated above.

23a. SIGNATURE M. A. Debi (Degree or title) M.D.	23b. ADDRESS 8924 St. Charles St. St. Louis 14, Mo	23c. DATE SIGNED 9/19/55
24a. BURIAL, CREMATION, REMOVAL (Specify) CORIAL	24b. DATE 9-10-55	24c. NAME OF CEMETERY OR CREMATORY MOUNT LEBANON CEM.
24d. LOCATION (City, town, or county) (State) PATTONVILLE MISSOURI		

DATE REC'D BY LOCAL REG. SEP 9 1955	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. H. HILGEMAN ADDRESS 9709 LACKLAND RD OVERLAND, MO
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Earl J. Helmer*.....
Licensed Embalmer No. *3581*.....
P. O. Address *Greland 1110*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.