

No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

35315

FILED OCT 16 1956

Registration District No. **318**     
 Primary Registration District No. **1003**     
 Registrar's No. **8875**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>EDWARDSVILLE</u> §120		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MISSOURI Pacific Hosp.</u>			d. STREET ADDRESS <u>145 EAST DUNN STREET</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>AUBREY</u> First      Middle <u>CLEVELAND</u> Last <u>BUCHANAN</u>			4. DATE OF DEATH Month <u>9</u> Day <u>26</u> Year <u>56</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-5-93</u>		9. AGE (In years last birthday) <u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UTILITY REPAIRMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MISSOURI Pacific RR.</u>		11. BIRTHPLACE (City and state or country) <u>Madisonville, Ky.</u>	
13. FATHER'S NAME <u>James W. Buchanan</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>702-09-2791</u>		17. INFORMANT <u>Mildred Buchanan</u> Address <u>Edwardsville, Ill.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO (b) <u>severe pyelo nephritis</u> DUE TO (c) <u>Renal Calculi 602X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY. Hour      Month, Day, Year a. m.      p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY      STATE	
21. I attended the deceased from <u>Sept. 16, 1956</u> to <u>Sept. 25, 1956</u> and last saw <sup>him</sup> alive on <u>Sept. 25, 1956</u> . Death occurred at <u>12:40</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Cl W Boyd M.D.</u>		22b. ADDRESS <u>McPee Loop</u>		22c. DATE SIGNED <u>9-26</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>9-26-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Edwardsville, Ill.</u>		23e. (State)			
24. FUNERAL DIRECTOR <u>Albert H. Hoppe, 4700 Washington Blvd.</u>			25. DATE RECD. BY LOCAL REG. <u>SEP 26 1956</u>		26. REGISTRAR'S SIGNATURE <u>J. Earl Smith md</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION XX  
 can see cell 12-11-56

**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, ~~by~~ ....., Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Eston R. Remel* .....

Licensed Embalmer No. *40* .....

P. O. Address *St. Louis* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(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.