

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE
JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028172

FILED VS AUG 12 1960

318

Primary Registration District No. **1003**

Registrar's No. **7456**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 37 Yrs	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1331 Bayard Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Tim Middle Buchanan Last Buchanan			4. DATE OF DEATH Month 7 Day 24 Year 60
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/5/1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY DOMESTICTCTS	9. AGE (last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) CHICKSAW COUNTY MISS.		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME EDGAR BUCHANON		13b. MOTHER'S MAIDEN NAME SUSIE (UNKNOWN)	
14. NAME OF HUSBAND OR WIFE ROSIE BELLE BUCHANAN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT ROSIE BELLE BUCHANAN 1331, Bayard	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prostatism with Severe Infection			INTERVAL BETWEEN ONSET AND DEATH Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 610X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus, Arteriosclerotic Heart Disease			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m.	Month, Day, Year		
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	COUNTY STATE
21. I attended the deceased from 7-16-60 to 7-24-60 and last saw ^{him} alive on 7-24-60		Death occurred at 8:20 p. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE B. Prophite MD (Degree or title)		22b. ADDRESS 2601 N. Whittier St.	22c. DATE SIGNED 7-25-60 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/29/60	23c. NAME OF CEMETERY OR CREMATORY Farther Dickson CEMETERY	23d. LOCATION (City, town, or county) ST. LOUIS " " MISSOURI
24. FUNERAL DIRECTOR John Houston ADDRESS 2812 Thomas STREET		25. DATE RECD. BY LOCAL REG. JUL 27 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D. m. J. B.

DOCUMENT

MEDICAL CERTIFICATION

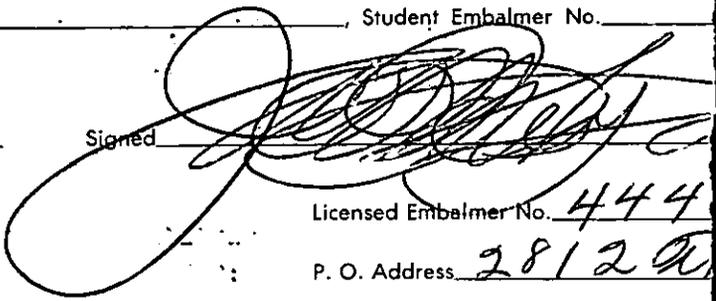
BY AFFIDAVIT OF

Je 5-8381

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 444
P. O. Address 2812a

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.