MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-016638

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4410

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

FILED MAY 10 1962

1. PLACE OF DEATH a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis Maternity Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY

c. CITY OR TOWN: St. Louis — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 2027 Lynch — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Infant Middle: Thomas Scott Last: Buchanan

4. DATE OF DEATH: Month April Day 28, Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4-27-62

9. AGE (last birthday) — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours 30 Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Marvin Dale Buchanan

13b. MOTHER'S MAIDEN NAME: Ruth Ann Rossell

14. NAME OF HUSBAND OR WIFE: ~~~~~~~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Ruth and Marvin Buchanan — Address: 2027 Lynch St. Louis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Respiratory Distress Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): possible Hyaline Membrane Disease

DUE TO (c): 773.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 Birth, to Death and last saw him alive on 4-28-1962

Death occurred at 9:05 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. Michael Sly, M.D.

22b. ADDRESS: 630 S. Kingshighway

22c. DATE SIGNED: 4-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal (Mtr)

23b. DATE: Apr. 30, 1962

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State): Harrisburg, Ill.

24. FUNERAL DIRECTOR ADDRESS: Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.: APR 30 1962

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

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 James R Dunn

Licensed Embalmer No. 4527

P. O. Address_____

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.