MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6387

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 1286

City St Louis (No. 2615 S. 13 th St. ..... Ward)

2. FULL NAME Florence Jane Buxton

(a) Residence. No. 2615 S 13 St St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ——

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7 – 1905

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
22	5	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): State Life Ins Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER William J. Buxton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cedar Hill
(STATE OR COUNTRY) St Louis Co Mo.
12. MAIDEN NAME OF MOTHER Minnie Mueller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

14. INFORMANT Minnie Buxton
(Address) 2615 S 13 Street

15. FILED FEB – 4 1928 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby – 2d 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 2d 1927 to Feby 2d 1928 that I last saw her alive on Feby 2d 1928, and that death occurred, on the date stated above, at 11 50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
23A Phthisis Pulmonalis
06B
23B

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Bronchitis with Hemorrhage (tubercular) ? (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? No DATE OF ——

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Albert Habermaas, M. D

Feby 8, 1928 (Address) 3817 Cleveland Av

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sun Set Buriel Park
DATE OF BURIAL: Feb 6 1928

20. UNDERTAKER: J H Gebken
ADDRESS: 2630 Gravois Av.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state ... should be carefully supplied.