

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

Do not use this space.
15676
15407

1. PLACE OF DEATH

County.....
Towship.....
City St. Louis (No. 2722 Evanhol)
Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 4639
St. Ward)

2. FULL NAME Wm Buck

(a) Residence. No. 2722 Evanhol St. 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Marie Buck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1 - 1869

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>58</u>	<u>11</u>	<u>25</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Contractor - Builder
(b) General nature of industry, business, or establishment in which employed (or employer) ..
(c) Name of employer ..

9. BIRTHPLACE (CITY OR TOWN) Waterford
(STATE OR COUNTRY) Ireland

10. NAME OF FATHER John Buck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Catherine Regan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Anna Marie Buck
(Address) 2722 Evanhol

15. APR 28 1928
FILED 19. Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/26 1928

17. I HEREBY CERTIFY, That I attended deceased from 1/27/28 to 4/26/28, 19...
that I last saw him alive on 4/20/28, 19... and that death occurred, on the date stated above, at 4 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis - chronic
9/28/28
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) JOB
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED no
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? no DATE OF ...
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. V. Hall M. D.
4/27/28 (Address) Keavnant Bldg

*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 Calvary Cemetery DATE OF BURIAL 4/30 1928

20. UNDERTAKER Croghan-7146 Manchester
ADDRESS

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

Plummer's Body.