

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

Do not use this space.

38969

1. PLACE OF DEATH

County Registration District No. *791*
 Township Primary Registration District No. *1009*
 City *St. Louis* (No. *St. John's Hospital*) File No.
 Registered No. *11097* St. Ward)

2. FULL NAME

(a) Residence, No. *5033 Plouer Ave* St. *7* Ward. (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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Elvira W. Buxton (Wife)</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 8, 1908</i>		
7. AGE	YEARS <i>23</i>	MONTHS <i>4</i>
	DAYS <i>26</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Insurance Agent</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Western Land Insurance Co.</i>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <i>23A</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>		
FATHER	13. NAME <i>Frederick Buxton</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>	
MOTHER	15. MAIDEN NAME <i>Lucy Chappell</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>	
17. INFORMANT (ADDRESS) <i>Mrs. Elvira W. Buxton</i> <i>5033 Plouer Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>New Bethlehem</i> DATE <i>Nov. 7, 1931</i>		
19. UNDERTAKER (ADDRESS) <i>Math. Hermann and Son</i> <i>3146 East Fair Ave</i>		
20. FILED <i>NOV - 4 1931</i> <i>Max C. Starker</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 4, 1931*

22. I HEREBY CERTIFY that I attended deceased from *Sept. 11, 1931* to *Nov 4, 1931*
 I last saw him alive on *Nov 3, 1931*. Death is said to have occurred on the date stated above, at *6:30 A.M.*
 The principal cause of death and related causes of importance were as follows:
Bilateral Pyrophrosis Date of onset *Jan 1928*
abscess due to Staphylococcus
infection cause unknown

Other contributory causes of importance:
perinephric abscess
Bilateral
pyo-nephritis bilat

Name of operation *pyelotomy bilat* Date of operation *Sept 27, 1931*
 What test confirmed diagnosis? *sp* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify *Chayon Campbell* M. D.
 (Signed) *Chayon Campbell*
 (Address) *1070 Paul Brown*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

