

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

Do not use this space.

6415

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo. (No. 4148) W. Penrose St.
St. Ward)

File No.....
Registered No. 1454
St. Ward)

2. FULL NAME

George R. Buckel
(a) Residence, No. 4148 W. Penrose St., 10 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 21 - 1918</u>		
7. AGE	YEARS	MONTHS
	<u>13</u>	<u>3</u>
		DAYS
		<u>21</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at School</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>California</u> <u>2</u>	
MOTHER FATHER	13. NAME <u>George Buckel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> <u>1</u>	
	15. MAIDEN NAME <u>Edua Huth</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>August Huth</u> (ADDRESS) <u>4148 W. Penrose St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Pickers</u> DATE <u>Feb 15 1932</u>		
19. UNDERTAKER <u>Winkler's Undertaking Co</u> (ADDRESS) <u>4234 Manchester Ave</u>		
20. FILED <u>FEB 15 1932</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1932, to Feb 12 1932
I last saw him alive on Feb 12 1932. Death is said to have occurred on the date stated above, at 12:50 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia
71A
71A
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....
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?
If so, specify.....
(Signed) E. Allen, M. D.
(Address) 701 Century Bldg

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.

WHILE I WAIT WITH CHANGING INFORMATION IS A PERMANENT RECORD

Registrar.

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