

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

Do not use this space.

**21840**

**1. PLACE OF DEATH**

County..... Registration District No. 707

Township..... Primary Registration District No. 1007

City St. Louis (No. City Hospital)

File No.....

Registered No. 5674

St..... Ward)

**2. FULL NAME**

(a) Residence, No. 1205 Helvest St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? 778 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 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 single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 15 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

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) St. Louis (STATE OR COUNTRY) Mo.

13. NAME John Buckley

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

15. MAIDEN NAME Margaret Flowers

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

17. INFORMANT (ADDRESS) Hospital information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE 6-29-33 19.

19. UNDERTAKER W. P. Dickerson (ADDRESS) City Hospital

20. FILED 20 1933 J. F. Bredock Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15 1933, to June 16 1933

I last saw him alive on June 16 1933. Death is said to have occurred on the date stated above, at 2:00 noon

The principal cause of death and related causes of importance were as follows:

159  
Premature  
6 months

Other contributory causes of importance: 159

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?..... If so, specify.....

(Signed) Henry Smith, M. D. (Address) City Hospital

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.

Buckley