

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.

NOV 10 1933

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 003
City St. Louis, Mo. (No. 2629, Baldwin Ave St. 20 Ward) (If nonresident, give city or town and State)

35183

File No. 9399
Registered No. 9399

2. FULL NAME

(a) Residence, No. 2629 Baldwin St., 20 Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>Cold</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Susie Buckner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 2-1876</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>0</u>
	DAYS <u>25</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, Sawyer, bookkeeper, etc. <u>Laborer</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>Frankfort, Ky.</u>		
MOTHER	13. NAME <u>Robert Buckner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Frankfort, Ky.</u>	
	15. MAIDEN NAME <u>Sarah Thomas</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
17. INFORMANT <u>Susie Buckner</u> (ADDRESS) <u>2629 Baldwin Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u> DATE <u>Oct 31st</u> 19 <u>33</u>		
19. UNDERTAKER <u>A. L. Beal and Co</u> (ADDRESS) <u>2726 Lucas Ave</u>		
20. FILED <u>31</u> 19 <u>33</u> , 19 <u>J. F. Bredeck</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1933 to Oct 27 1933
I last saw him alive on Oct 26 1933 Death is said to have occurred on the date stated above, at 8:20 a.m.
The principal cause of death and related causes of importance were as follows:
89A Cerebral Hemorrhage Oct 23
97 (Apoplexy)
Other contributory causes of importance Chronic Hypertension
Name of operation..... Date of.....
What test confirmed diagnosis?..... Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) E. A. Schweininger, M. D.
(Address) 4470 Natural Bridge Mo.

