

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

Do not use this space.

MAY 25 1934

**1. PLACE OF DEATH**

County.....  
Township.....  
City *St. Louis, Mo.* (No. *509* So. *Washington* St. (Ward)

Registration District No. **791**  
Primary Registration District No. **1008**

File No. **14706**  
Registered No. **3890**

**2. FULL NAME**

(a) Residence, No. *1256* So. *Broadway* Ward *W*  
(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 *Caucasian* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 15 '30*

7. AGE YEARS *1* MONTHS *6* DAYS *28* IF LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Hotel*  
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) *St. Louis, Mo.*

13. NAME *Frank*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Emma H. Galt*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT (ADDRESS) *St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Grinneth Cem.* DATE *April 16, 1934*

19. UNDERTAKER (ADDRESS) *W. K. Beal and Co. 2726 Grinneth Ave.*

20. FILED *J. Bredek* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr. 13, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *April 11, 1934* to *April 13, 1934*

I last saw ~~him~~ alive on *April 13, 1934* Death is said to have occurred on the date stated above, at *5:15* p. m.  
The principal cause of death and related causes of importance were as follows:

*Broncho-pneumonia* Date of onset *4-7-34*  
*10-15-34*  
Other contributory causes of importance: *10-15-34*

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? *Yes*

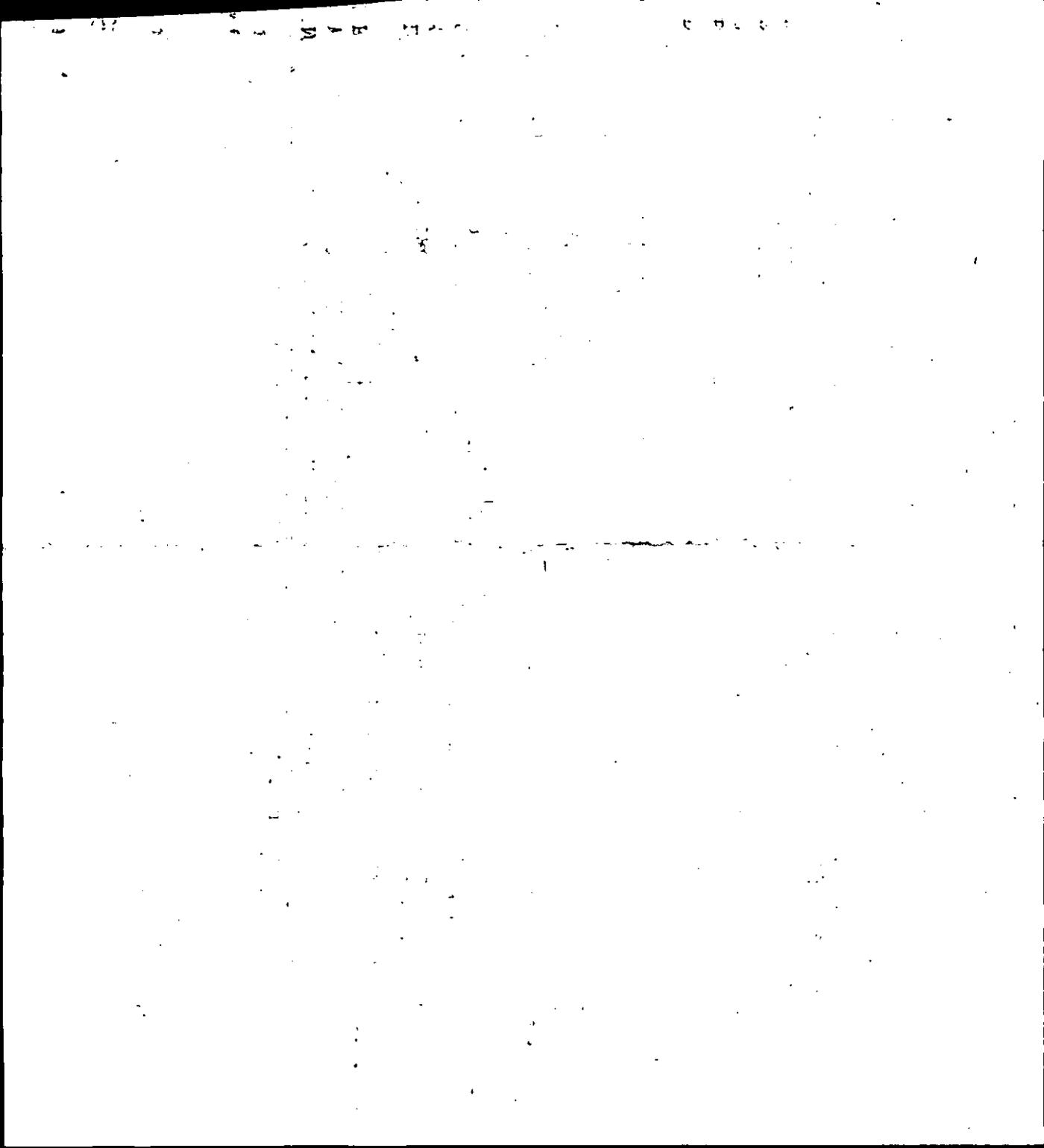
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) *E. J. Glascock* M.D.  
(Address) *St. Louis Children's Hospital*

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

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.



St. Louis City

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Floyd Buckett

Who died at \_\_\_\_\_ on Apr 13 - 1934

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex M Color or race B Single, ~~married~~, ~~widowed~~ or ~~divorced~~: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 1 Months 6 Days 28

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Bronchitis - pneumonia

Other contributory causes of importance carcinoma of left kidney (autopsy)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy?

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician E. L. Glascock

Address of physician St. Louis Children's Hospital

Signature of Registrar J. F. Medick 9-5-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. Nol 791

Primary Reg. Dist. No. 1003

Very truly yours,  
E. T. McCaugh m d  
g c

Special Agent.

S-14706