

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. Jewish Hospital)

File No. 18158  
Registered No. 4613  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 7570 Cornell Ave. Uni. City  
(Usual place of abode)

Vivian Buckley  
City Uni. City Ward NR

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Berton D. Buckley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-24-1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
42 7 11

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Grandview Ind.

13. NAME Harry Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grandview Ind. U.S.

15. MAIDEN NAME Cora B. Sugg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grandview Ind. U.S.

17. INFORMANT (ADDRESS) Berton D. Buckley  
7570 Cornell, Uni. City

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Oak Grove DATE 5/7/34, 19..

19. UNDERTAKER (ADDRESS) McGowan & Sons  
6175 Delmar Blvd.

20. FILED MAY - 7 1934  
J. J. Bredbeck  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/5/34, 19..

22. I HEREBY CERTIFY, That I attended deceased from 4/15/34, 19.. to 5/5/34, 19..

I last saw her alive on 5/4/34, 19.. Death is said to have occurred on the date stated above, at 2:40 P.M.

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

operation - Hysterectomy  
Chl. cholecystitis  
Duodenal Stasis  
terminal bronchial pneumonia

Date of onset

Other contributory causes of importance:

5A13  
936  
207

Name of operation Hysterectomy Date of 4-30-34

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.

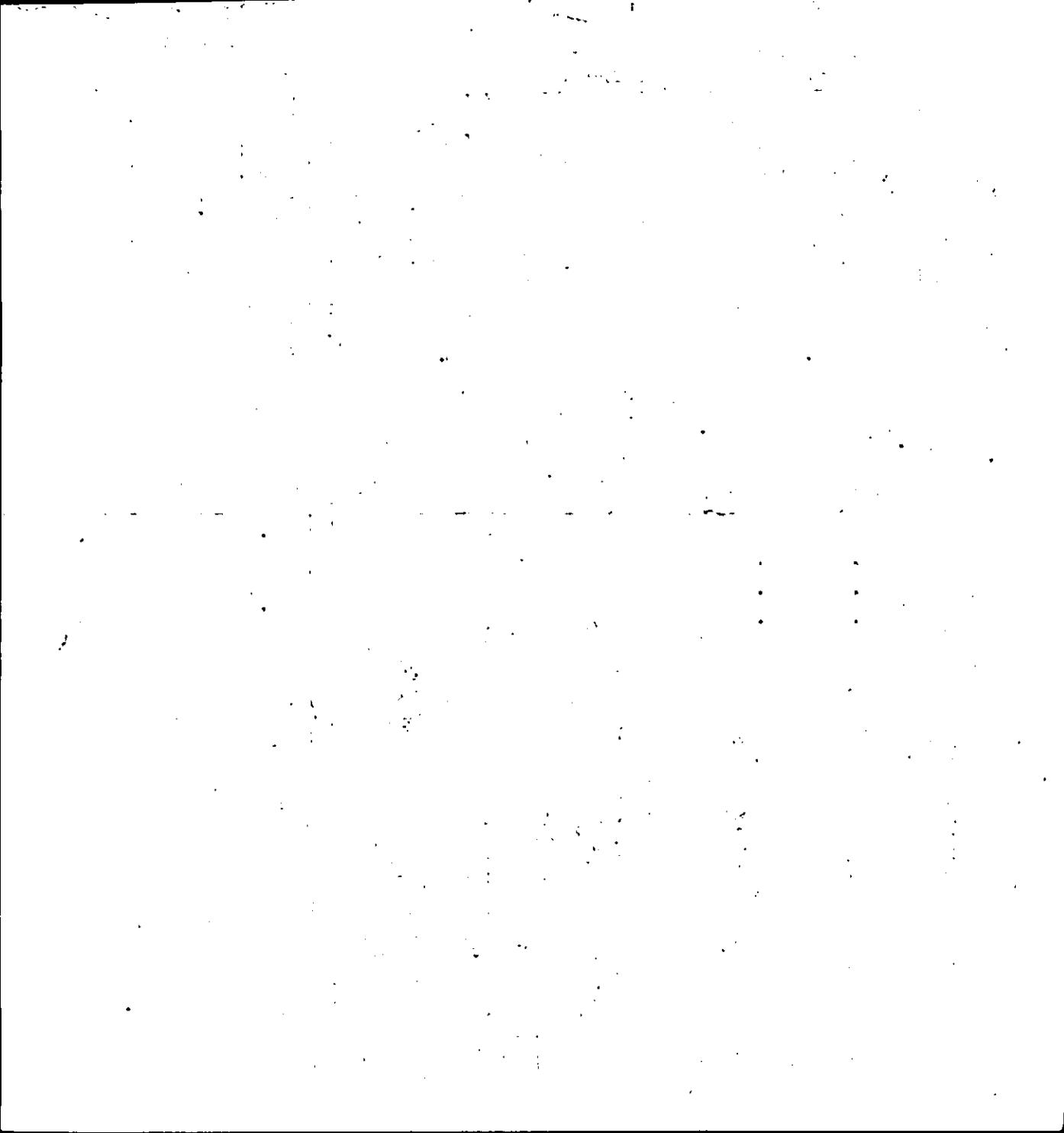
Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....

(Signed) E.O. Masten, M. D.  
(Address) 908 Beaumont Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 19 1934



DR. E. V. MASTIN  
BEAUMONT MEDICAL BLDG.  
SAINT LOUIS

September, 17, 1934.

Bureau Vital Statistics,  
10 Municipal Courts Bldg.,  
St. Louis, Missouri.

Gentlemen:

In reply to your inquiry about Mrs. Vivian Buckley,  
I will state the following facts:-

This was a very unusual death and after a very thorough post-mortem examination was made by Dr. Samuel Gray of the Jewish Hospital, no definite cause of death could be found. Patient died four days following a super-vaginallhysterectomy for multiple uterine fibroids. The immediate post-operative course was quite normal and uneventful, but on the third day she developed a duodenal stasis with subsequent rise of temperature. Temperature rose very rapidly during the last two years of her life, pulse became rapid and ceased a few minutes before she stopped breathing. It was probably due to a medulary embolus, but this could not be proven as we were not allowed to make any examination of the brain. Post-mortem report showed mild chronic myocarditis, chronic cholecystitis, and early bronchiectasis.

I am sorry that I am unable to give you a more definite cause of death.

Very truly yours,

*E. V. Mastin*

1934  
S-18158

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WASHINGTON

18158

4613

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: William Berkeley  
Who died at Georgetown Hosp on May 5 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 42 Months 7 Days 11

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: Chr. Cholecyctitis (no stones)  
Chr. Myocarditis

Other contributory causes of importance \_\_\_\_\_

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

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

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 \_\_\_\_\_

Address of physician \_\_\_\_\_

X Signature of Registrar J. F. Bredeck 9-18-34

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.

Very truly yours,

E. T. McLaughlin  
Special Agent

Reg. Dist. No. 791  
Primary Reg. Dist. No. 1003

Special Agent.

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