

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

Do not use this space.

44825

**1. PLACE OF DEATH**

County..... St. Louis Mo Registration District No. 791  
Township..... 1003  
City..... Jefferson (No. 4603) Precinct at

File No. ....  
Registered No. 1192?  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 4603 Precinct at St. 10 Ward.

(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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edna Buckley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 22 - 1892</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>9</u>
	DAYS <u>25</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>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>Missouri</u>		
FATHER	13. NAME <u>Norton Buckley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Julia Horbronn</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>4603 Precinct at</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jefferson</u> DATE <u>12/19/34</u>		
19. UNDERTAKER (ADDRESS) <u>St. Louis x O'Connell</u>		
20. FILED <u>10 13 34</u> <u>J. H. Brudeck</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/16/34

22. I HEREBY CERTIFY That I attended deceased from Sept 1st 1934 to Nov 16th 1934

I last saw him alive on Nov 16th 1934. Death is said to have occurred on the date stated above, at 9:27 a.m.

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

Brain tumor - Benign

Other contributory causes of importance: 540 7713

Name of operation Cranotomy Date of Sept 1st 1934

What test confirmed diagnosis? ..... Was there an autopsy? 1934

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 Maneuver

(Signed) Maneuver, M. D.  
(Address) 607 - n Grand

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.

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

