

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

Do not use this space.

FEB 2 1 1935

2921

1. PLACE OF DEATH

County St. Louis
Township
City St. Louis (No. The Salvation Army 7. 800 Ward)

Registration District No. 791
1003

File No.
Registered No. 147

2. FULL NAME

Ramon Carl He Buck

(a) Residence. No. 3600 S. Broadway 24 Ward.
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-4-35

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 8 hrs. or — min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Ms.

10. NAME OF FATHER Charles He Buck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Ms.

12. MAIDEN NAME OF MOTHER Alice Gehrke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Ms.

14. INFORMANT Isabelle McLeod - Sgt.
(Address) The Salvation Army Hosp.

15. FILED 5 1935 J. F. Bredeck
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-4 1935

17. I HEREBY CERTIFY, That I attended deceased from 1-4, 1935, to 1-4, 1935 that I last saw him alive on 1-4, 1935, and that death occurred, on the date stated above, at 1-4-35 1:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital heart lesion

8 hrs. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Ascultation
(Signed) L. A. Paul Stein, M. D.

, 19 (Address) 2711 Gravier, St. Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St. Trinity Luth. Ch. 1-5 1935

20. UNDERTAKER ADDRESS

C. Hoffmeister 1428
4344 S. Broadway

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.

