

JUN 13 1935

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

Do not use this space.

17547

2

File No.

Registered No. 40

St. Ward)

1. PLACE OF DEATH

County *St. Charles*Township *St. Louis*City *St. Louis* (No. *760*)Registration District No. *600*Primary Registration District No. *5999*

2. FULL NAME

(a) Residence, No. *5743*(Usual place of abode) *St. Louis*

St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred: *15* 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 *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Divorced*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Don't know*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 1 - 1896*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *39 1 23*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Electric engineer*

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) *Richmond Kentucky*

13. NAME *William A. Buckle*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Louisburg Virginia*

15. MAIDEN NAME *Patricia Harris*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Richmond Kentucky*

17. INFORMANT (ADDRESS) *Dr. M. R. Buckle 7115 Washington Ave. St. Louis, Mo.*

18. BURIAL, CREMATION, OR REMOVAL *Miss Kogas Sklar 5/30 1935*

19. UNDERTAKER (ADDRESS) *Wentzville*

20. FILED *5/27 1935* *W. C. Caldwell* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 26 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Heddinghouse May 27 1935*

Death is said to have occurred on the date stated above, at *9:40 P. m.*

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

accidental Traumatism to head, neck & chest in an auto collision with a truck on highway no 40

Other contributory causes of importance: *none*

Name of operation *none* Date of *none*

What test confirmed diagnosis? *Inquest* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury *May 26 1935*

Where did injury occur? *St. Charles Mo* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

public place

Manner of injury *auto truck collision*

Nature of injury *Trauma to head neck & chest*

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify *none*

(Signed) *Will L. Freeman*, M. D.

(Address) *St. Charles Mo.*

Coroner St. Charles Co. Mo.

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.

