DEC 12 1935

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

Do not use this space.

37720

File No. 791

Registered No. 9694

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. 4210 Prairie Av St. Ward)

2. FULL NAME Emma Bucks

(a) Residence, No. 4210 Prairie St. Av Ward 10
(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: 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: Charles Bucks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-23-1872

7. AGE: Years 63 | Months 5 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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.:

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

FATHER

13. NAME: Frederick Meyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Henrietta Boeckelheide

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Chas Bucks 4210 Prairie Av

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Nov 20 1935

19. UNDERTAKER (ADDRESS): Provost-Lud Co. 3710 N Grand Blvd.

20. FILED NOV 19 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1935 to Nov. 17 1935

I last saw him alive on Nov 17 1935. Death is said to have occurred on the date stated above, at 8-30 a.m.

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

	Date of onset
Acute Myocarditis	9-17-35
131	

Other contributory causes of importance:

Chronic Parenchymatous Nephritis	Sept 34

Name of operation: none Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? no

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) John W. Macdonald, M. D.
(Address) 539 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.

Dr J W McD[illegible]
[illegible] 3-6[illegible]
10-12