WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

FEB 11 1936

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

Do not use this space.

791

3464

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 697

City St. Louis, Mo. (No. St. Louis Children's Hosp. 500 So. Kingshighway St. ..... Ward)

2. FULL NAME David Buck

(a) Residence, No. 901 E. Ferguson-Wood River, Ill. N R Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Never 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): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-8-35

7. AGE — YEARS: — MONTHS: 3 — DAYS: 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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: Martin Buck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): East St. Louis, Ill.

MOTHER

15. MAIDEN NAME: Cecelia Bishop
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

17. INFORMANT (ADDRESS): C. Schroeder, 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE: Missouri Crem. DATE: 1/21 1936

19. UNDERTAKER (ADDRESS): H. B. Berger, 4713 McPherson

20. FILED: JAN 20 1936, 19 J F Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 19th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1935, to 1-19, 1936

I last saw him alive on 1-19, 1936 Death is said to have occurred on the date stated above, at 5:50 a.m.

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

Entero-Colitis
Septicemia, B. Coli

Date of onset

1195

Other contributory causes of importance:

Name of operation: None. Date of .....

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? None 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: None.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A R Ewdoff, M. D.

(Address) 500 S Kingshighway