

MAY 7 1936

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

791
1003

Do not use this space.

17246

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *St. Louis Mo* (No. *2300 Shermansdale St*) St. Ward) Registered No. **4010**

2. FULL NAME

Louis Buxton
(a) Residence, No. *2300 Shermansdale St.*, *23* Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 4th 1869*

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
67 1 8

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Public Service Co.*

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) *Cider Hill Mo.*

FATHER 13. NAME *John Buxton*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England.*

MOTHER 15. MAIDEN NAME *Sarah Thurnes*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England.*

17. INFORMANT *Mar. Edward Stone*
(ADDRESS) *2300 Shermansdale*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Sunset Burial Park* DATE *April 15th 1936*

19. UNDERTAKER *J. Heelken L. & U. G.*
(ADDRESS) *2630 Brevoort Ave.*

20. FILED **APR 13 1936** *J. H. Bredeck*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 12th 1936*

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at *12 a.* m.

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

Arterio Sclerosis Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?

If so, specify.....

(Signed) *Carole P. [Signature]*, M. D.
(Address) *[Address]*

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.

