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

Do not use this space.

FEB 8 1937

File No. 3205

Registered No. 231

1. PLACE OF DEATH

County 76

Township

City St. Louis, Mo. (No. ~~2611a North 10th Str.~~ St. Ward)

Registration District No. 791

Primary Registration District No. 1003

EN ROUTE TO CHILDRENS Hosp'y

2. FULL NAME Beverly Joan Buchanan,

(a) Residence, No. 2611a North 10th Str. St. 26 Ward. 1

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12th, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
0	2	22	

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. 1

FATHER

13. NAME Ralph Buchanan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1

MOTHER

15. MAIDEN NAME Jean York,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi. 2

17. INFORMANT Ralph Buchanan

(ADDRESS) 2611a North 10th Street.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Johns Cem. DATE Jan. 6th 1937

19. UNDERTAKER H. Leidner, Mfg Co.

(ADDRESS) 1417 N. Market St.

20. FILED JAN 6 1937 J. F. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/4/37 .19

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 1:35 P.m.

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

	Date of onset
Bronchial Pneumonia	
(Hosp.) primary.	

Other contributory causes of importance:

107a

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

What test confirmed diagnosis? ..... Was there an autopsy?

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? 4

If so, specify

(Signed) Joseph M. Zuccarello, M. D.

(Address) Sp. Coroner

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD