APR 27 1937

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

Do not use this space.

File No. 13614
Registered No. 76

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123
Township Carondelet — Primary Registration District No. 62483
City Jefferson Barracks (No. Veteran Administration Facility St. ..... Ward)

2. FULL NAME Montrose D. BUCK

(a) Residence, No. 3273 Regal Place St., ... Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kno mos. un ds. How long in U. S., if of foreign birth? un yrs. kno mos. un ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Mrs. Amanda Buck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February, 1868 February - 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	69	0	?	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unavailable

10. Date deceased last worked at this occupation (month and year) unavailable

11. Total time (years) spent in this occupation unkwn

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME unavailable

14. BIRTHPLACE (CITY OR TOWN) unavailable
(STATE OR COUNTRY) unavailable

MOTHER

15. MAIDEN NAME unavailable

16. BIRTHPLACE (CITY OR TOWN) unavailable
(STATE OR COUNTRY) unavailable

17. INFORMANT M. Schilling
(ADDRESS) Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE Feb. 16, 1937

19. UNDERTAKER C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway

20. FILED 2-16, 1937 G. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1937, to February 14, 1937
I last saw him alive on February 14, 1937. Death is said to have occurred on the date stated above, at 3:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis, congestive type of cardiac failure with Hypertrophy and Dilatation	unkwn

Other contributory causes of importance:

Arteriosclerosis; Arthritis, deformans accompanied with secondary infection of the hands	unkwn

Name of operation none Date of
What test confirmed diagnosis? phy. exam. clin. manifestations laboratory 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) C. N. HUGHES, Chief Medical Officer.
(Address) Jefferson Barracks, 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.