WHITE PLAINS, 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.

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

SEP 25 1937

Do not use this space.

31752

1. PLACE OF DEATH

County St. Louis Registration District No. 789

Township ~~Normandy~~ Central Primary Registration District No. 6033 B

City ~~Pine Lawn,~~ (No. 3718 Jennings rd. St. Ward)

File No.

Registered No. 216

2. FULL NAME Sister Mary Micheline (Buckman)

(a) Residence, No. Florissant, Mo. St., Ward. Florissant, Mo.
(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): single (nun)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 28/ 1844/

7. AGE: YEARS 83 MONTHS 5 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nun sister of the Loretto Order

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): Kentucky

FATHER

13. NAME: Robert Buckman

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

MOTHER

15. MAIDEN NAME: Thresa Chirchess

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

17. INFORMANT (ADDRESS): Sister Burdenine Florissant, Mo.

18. BURIAL, CREMATION, OR REMOVAL: St. Ferdinand Cem., DATE Aug. 9/37, 19

19. UNDERTAKER (ADDRESS): Jos. W. Clark, 1125 Hodiamont Ave.,

20. FILED 8-9- 1937 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/7/37, 19

22. I HEREBY CERTIFY, That I attended deceased from June 29th, 1937, to Aug. 7th, 1937

I last saw her alive on Aug. 7th, 1937 Death is said to have occurred on the date stated above, at 7:10AM.

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

	Date of onset
Chr. myocarditis, Chr. endocarditis, mitral insufficiency. Chr. arteriosclerosis, Chr. interstitial nephritis.	?

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Other contributory causes of importance:

Myocardial decompensation, with generalized anasarca. Uremia. Extreme senility.

Name of operation Date of

What test confirmed diagnosis? cli. & Lab. 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) Luke B Turnbull, M. D.

(Address) 3718 Jennings Rd

8/7/37 St Louis Co Mo