

FEB 16 1938

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

4001
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 96
 (b) Township Central Clayton Primary Registration District No. _____ Registered No. 207
 (c) City Clayton (d) Street No. St. Louis County Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARGARET A. BUCKLES, 242.
 (a) Residence, No. 6433 Wellisman Avenue. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1863				
7. AGE	YEARS 74	MONTHS 4	DAYS 6	If LESS than 1 day, hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home			
	9. Industry or business in which work was done, as 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 Benjamin W. Leaver			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England			
MOTHER	15. MAIDEN NAME Margaret Pierson			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England			
17. INFORMANT (ADDRESS) Alfred G. Leaver 4229 Prairie Ave.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontains DATE Feb. 1, 1938				
19. FUNERAL DIRECTOR (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue				
20. FILED 2/1 19 38 DR. Meyer Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1938	
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 10:30 A. M.	
The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage	
Date of onset _____	
Other contributory causes of importance: _____	
Name of operation _____ Date of _____	What test confirmed diagnosis Autopsy Was there an autopsy Yes
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? No If so, specify _____	
(Signed) John O. Connelley	M. D.
(Address) St. Louis, Mo.	

I-112004
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.

STATEMENT BY LICENSED EMBALMER

I, Leonard Hampton, Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Leonard Hampton

Licensed Embalmer No. 2967

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)