

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

23708  
Do not use this space.

REC'D AUG 12 1938

1. PLACE OF DEATH  
(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis, Mo.** (d) Street No. **City Infirmary.** St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred **12** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Frank Buffington,** **152**  
(a) Residence, No. **5800 Arsenal St.** St. **13** (If nonresident, give city or town and State)

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) **1-2-1872**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<b>66</b>	<b>6</b>	<b>14</b>	

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

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) **Kansas.**

FATHER 13. NAME **Unknown.**

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT **E. McLony,**  
(ADDRESS) **5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **LAKEWOOD PARK** DATE **7-18** 19**38**

19. FUNERAL DIRECTOR **TESTE BROS**  
(ADDRESS) **3027 4th AVENUE**

20. FILED **18 1938** **Bredenk**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 16, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **March 20, 1928** to **July 16, 1938**

I last saw him alive on **July 16, 1938** Death is said to have occurred on the date stated above, at **10:00** A.M.

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

**Hypertensive heart disease** Date of onset **95 1/2**

Other contributory causes of importance:  
**bronchopneumonia**  
**chronic cystitis due to prostatic**  
**urethral obstruction non-malignant**

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? **NO**  
If so, specify .....  
(Signed) **ED Drueck** M. D.  
(Address) **5600 Arsenal St.**

**STATEMENT BY LICENSED EMBALMER**

I, F. I. Owens, Licensed Embalmer No. 2245

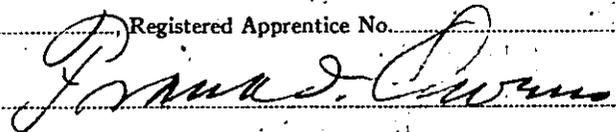
hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed



Licensed Embalmer No. 2245

**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.)**