3 - 1938

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

REC'D DEC 8 1938

40339
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township — Primary Registration District No. 109 — Registered No. 1973
(c) City Maplewood — (d) Street No. 3540 Cambridge 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 252 Grace Buckingham
(a) Residence, No. 3540 Cambridge St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1863

7. AGE: Years 75 — Months 6 — Days 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) St. Louis. (STATE OR COUNTRY) Mo.

FATHER
13. NAME Ed. W. Buckingham
14. BIRTHPLACE (CITY OR TOWN) Troy (STATE OR COUNTRY) N. Y.

MOTHER
15. MAIDEN NAME Emma Marlow
16. BIRTHPLACE (CITY OR TOWN) Phila. (STATE OR COUNTRY) Pa.

17. INFORMANT Maude Westerfield
(ADDRESS) 3540 Cambridge

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers Cem. DATE Dec. 3, 1938

19. FUNERAL DIRECTOR Jay B. Smith
(ADDRESS) 7456 Manchester

20. FILED DEC 3 - 1938 19 J. R. Myers M.D. Dr. P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/1 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/28, 1938 to 12/1, 1938
I last saw her alive on 11/30, 1938. Death is said to have occurred on the date stated above, at 10:50 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis of several years duration	
93	

Other contributory causes of importance:
General debility due to age

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) D. O. W. Dice, M. D.
(Address) 5938 Kingsbury

(Licensed Embalmer's Statement on Reverse Side)

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, H. E. Burgess, Licensed Embalmer No. 4029

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

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed H. E. Burgess

Licensed Embalmer No. 4029

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