11886

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38418

Registration District No. DEC 13 1939 791

Primary Registration District No.

Registrar's No. 10257

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Louis City Hosp #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since Nov 27. 1939 4 Days
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 1104 Wyoming
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Edward F. Bucker 260

3. (b) If veteran, name war None

3. (c) Social Security No. 497-09-2644

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Aug (Month) 10 (Day) 1905 (Year)

8. AGE: Years 34 Months 3 Days 20 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Beer Bottler

11. Industry or business Anheuser Busch

FATHER
12. Name Edward Bucker Sr.
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Lena Veerling
15. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Walter Bucker
(b) Address 1104 Wyoming

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers

18. (a) Signature of funeral director Witt Bros Ltd Co.
(b) Address 2929 S. Jefferson Ave

19. (a) NOV 30 1939 (Date received local registrar) (b) J. F. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30 year 1939 hour 5:15 minute A. M.

21. I hereby certify that I attended the deceased from November 27, 1939 to November 30, 1939 that I last saw him alive on November 30, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Acute hemorrhagic pancreatitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph Von Kaenel (M. D. or other)
Address 1515 Lafayette, Date signed 11/30/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Paul A. Franklin, Registered Apprentice No. _____, working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address 2929 S. Jeff. Ave.

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.)

If this body is not embalmed, above space should be left blank.