S. No. 2
-11-10-39
5-17-39
P X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17051

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4529

1. PLACE OF DEATH:

(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:
De Paul Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 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. 5
(If outside city or town limits, write "RURAL")

(d) Street No. 6170 McPherson Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary A. Buckley. 240

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female.

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 26, (Day) 1867 (Year)

8. AGE: Years 72 Months 7 Days 24 If less than one day hr. min.

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

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name Jeremiah Buckley.
13. Birthplace Ireland. 5 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Lynch.
15. Birthplace Ireland. 5 (City, town, or county) (State or foreign country)

16. (a) Informant Jerome Buckley
(b) Address 6170 McPherson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 22, (Day) 1940 (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) MAY 22 1940 (Date received for Ireland) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th.
year 1940 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 5-10, 1940, to 5-20, 1940
that I last saw her alive on 5-20, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic pneumonia	
Due to Chronic myocarditis	
Due to Fracture of Right Humerus (neck) Fracture of Right Femur (neck)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

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) Accident
(b) Date of occurrence May 10 1940
(c) Where did injury occur? Residence (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes - Hotel (Specify type of place)
While at work? No (e) Means of injury fall

23. Signature Eugene J. Malley (M. D. or other) M.D.
Address Missouri Bldg Date signed 5/21/40

(Licensed Embalmer's Statement on Reverse Side)

JUN 18 1946

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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

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