

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23806

State File No.

6251

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Oscar Buckley 240

8. (b) If veteran, name was NONE
3. (c) Social Security No. 489-10-7983

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Agnes
6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased May 16 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 2 9 _____ hr. _____ min.

9. Birthplace Elkton Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Punch Press

11. Industry or business Century Electric Co.

MOTHER FATHER { 12. Name William Buckley

13. Birthplace Elkton Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Julie Hardison

15. Birthplace Elkton Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Buckley

(b) Address 5568 Labadie Avenue

17. (a) Burial (b) Date thereof July 27, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Mast

(b) Address 1225 Union Blvd.

19. (a) JUL 26 1940 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limit: write "RURAL")
(d) Street No. 5568 Labadie Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1940 hour 1:40 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from stab wound of stomach and back, fatal, suffered while playing with knife in hands and thrown back at sufficient force to cause about 5:20 PM July 24 1940
Other conditions 24 1940
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

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) Homicide

(b) Date of occurrence July 24 1940

(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

(Specify type of place) _____
While at work _____ (e) Means of injury Stab wound

23. Signature Alfred Perry (M. D., or other)

Address 1225 Union Blvd Date signed 7/24/40

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

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 Bernard A. J. Stewart
Licensed Embalmer No. 3500
P. O. Address 1225 Union St.

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.