No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36367

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 2025

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7359 Mariette (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days) In this community 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Maplewood (If outside city or town limits, write "RURAL")
(d) Street No. 7359 Mariette (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Caroline Buck
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Buck
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased June 17, 1861 (Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Germany (State or foreign country) 6
10. Usual occupation Housewife 6
11. Industry or business ____ 6
FATHER
12. Name Malchor Buck
13. Birthplace ____ (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Robina Hanz
15. Birthplace ____ (City, town, or county) Germany (State or foreign country)
16. (a) Informant Leo Buck
(b) Address 7359 Mariette
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peter & Paul
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) OCT 27 1940 (Date received local registrar) (b) R. Meyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1940 hour 1 minute 30 P. M.
21. I hereby certify that I attended the deceased from 10/22/40 to 10/25/40, 19__; that I last saw h.ex alive on 10/25/40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	3 days
Due to Cardio-nephritis	5 yrs.
Due to 95 [illegible] 2	
Other conditions. (Include pregnancy within 3 months of death) High Blood Pres.	

Major findings:
Of operations none
Of autopsy none

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? 7071 (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature G. C. Ewing (M. D. or other) I.M.D.
Address Maplewood Mo. Date signed 10/27/40

(Licensed Embalmer's Statement on Reverse Side)

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 J. E. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.)

If this body is not embalmed, fact should be so stated above.