

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4118

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2818 Spruce Street
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St Louis 227
(If outside city or town limits, write "RURAL")
(d) Street No. 2818 Spruce St
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME NEVA Buchanan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color Blk 6. (a) Single, widowed, married, divorced married
7. Birth date of deceased Nov 1904
(Month) (Day) (Year)

6. (b) Name of husband or wife George Buchanan 6. (c) Age of husband or wife if alive 50 years

8. AGE: Years 37 Months 2 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home Work

11. Industry or business _____

12. Name W M Young

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

14. Maiden name Hattie Flemming

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

16. (a) Informant Hattie Buchanan

(b) Address 2818 Spruce St

17. (a) Burial (b) Date thereof 5-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director F. A. Keller

(b) Address 2915 Franklin Ave

19. (a) MAY 16 1941 (b) J. W. Redner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1941 hour 2:30 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 _____

Due to Chronic Myocarditis

Due to Chronic Interstitial Nephritis

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 1st

Of autopsy _____

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? _____

(e) Means of injury _____ (Specify type of place)

23. Signature Thomas F. Callahan (M. D. or other) 3
Address Deputy Coroner Date signed 5/24/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11-10-39

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. A. Fisher*
Licensed Embalmer No. 2963
P. O. Address 2915 Franklin

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.