

FILED OCT 18 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7444

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Julia Buchanan

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Charles Buchanan 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Nov 1 - 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 12 If less than one day
hr. min.

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

10. Usual occupation Horsekeeper

11. Industry or business 5

12. Name Lava Springs

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

14. Maiden name Julia Elvira

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

16. (a) Informant Charles Buchanan

(b) Address 1512 N. Grand Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Graves

18. (a) Signature of funeral director J. J. Bredbeck
(b) Address 1389 J. Bredbeck

19. (a) SEP 15 1941 (Date received local registrar) (b) J. J. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis 11 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1512 N. Grand Blvd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 13,
year 1941 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from August 22,
1941, to September 13, 1941;
that I last saw her alive on September 13, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Unlawful removal of contents of spinal cord. Duration 17 yrs.

Due to Expansion, disintegration, ulcers over hip & sacrum 9 mos

Due to Epilepsy 20 yrs

Other conditions Hypertrophic arthritis spine?
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Epilepsy - rt upper
division of side.
Of autopsy None granted
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?
While at work? _____ (Specify type of place) (e) Means of injury X

23. Signature L. O. McElroy (M.D.)
Address 1515 Lafayette Ave. Date signed 9/15/41

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.....

Licensed Embalmer No.

P. O. Address.....

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, fact should be so stated above.