

3. No. 2  
4-13-40  
5-17-39  
PI X25159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30506**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7865**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **St. Louis**

(c) Name of hospital or institution **Missouri Baptist Hospital**

(d) Length of stay: In hospital or institution \_\_\_\_\_

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis**

(d) Street No. **5654 Kennerly Ave.**

(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Jesse Grant Buckner**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **488-05-9382**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **30**

year **1941** hour **8** minute **30** A. M.

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Golda Buckner**

6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **June 1882**

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.

8. AGE:	Years	Months	Days	If less than one day
	<b>59</b>	<b>3</b>	<b>10</b>	hr. min.

Immediate cause of death **Thrombosis fracture of left fem. Coronary sclerosis when he was struck by a bus on a light driven by one Vertin Lane at North & Birch Ave. about 8:50 P.M. Sept. 25 1941**

9. Birthplace **Unknown / Illinois**

10. Usual occupation **Carpenter Buckner**

11. Industry or business **Small Arms Plant**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER FATHER

12. Name **Richard Buckner**

13. Birthplace **Unknown / Illinois**

14. Maiden name **Elizabeth Fasig**

15. Birthplace **Unknown / Illinois**

Major findings: Of operations **170**

Of autopsy **21**

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant **Golda Buckner**

(b) Address **5654 Kennerly Ave.**

17. (a) **Burial** (b) Date thereof **10-3-41**

(c) Place: burial or cremation **Valhalla Cemetery Cullinane Bros.**

18. (a) Signature of funeral director **1710 N. Grand Blvd.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **9/25/41**

(c) Where did injury occur? **St. Louis MO**

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

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury **3**

19. (a) **2 1941** (b) **J. J. Beedeck**

(Date received local registrar) (Registrar's signature)

23. Signature **James J. Fagnano** (b) \_\_\_\_\_

(Date signed)

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

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17  
9

847 (Licensed Embalmer's Statement on Reverse Side)

OCT 20 1947

**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 .....

*Fred Frick*

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

**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.**