

FILED NOV 23 1942 **318**
Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)
In this community Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 21 17
(d) Street No. 2623 R. Delmar
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? _____ years. 0

3. (a) PRINT FULL NAME Lucille Buford
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 28,
year 1942 hour _____ minute 30 P. M.

4. Sex Female 5. Color or Race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lee Buford 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased April 17, 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 26, 1942 to October 28, 1942;
that I last saw her alive on October 28, 1942;
and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 6 Days 11 If less than one day hr. _____ min. _____

Immediate cause of death
Nephrosclerosis
Cardiac Hypertrophy } Autopsy Unknown
Duration _____

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

Due to _____
Due to _____

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 1st

11. Industry or business _____

Major findings:
Of operations 1st
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Lidge Burnley
13. Birthplace Unknown Tenn
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Unknown Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Buford
(b) Address 2628 Delmar near

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Nov 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

(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? _____

18. (a) Signature of funeral director J. E. Miller
(b) Address 2942 Franklin Ave
19. (a) NOV 2 1942 (b) J. F. Bradack
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature J. E. Smith (M. D. or other) _____
Address 2601 Webster Date signed 10/30/42

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. 2963

P. O. Address 2915 Franklin a

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.