S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1942

Registration District No. 3918

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38542

Registrar's No. 10244

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mona Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 6 17 9

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4745 Easton Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Emma L. Buchanan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Female

5. Color or race White

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

6. (b) Name of husband or wife William B. Buchanan

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept. (Month) 17 (Day) 1865 77 (Year)

8. AGE: Years 65 Months 2 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Richard Roe

13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER 14. Maiden name Unknown

15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant William B. Buchanan

(b) Address 4745 Easton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-42 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) DEC 8 1942 (Date received local registrar) (b) J. T. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7 year 1942 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 1st, 1942 to Dec 7th, 1942 that I last saw him alive on Dec 7th, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	2 days
Due to: Metastasis of cancer from right breast to lungs & liver	2 mon
Due to:	
Other conditions (Include pregnancy within 3 months of death): 50	
Major findings: Of operations: ✓	
Of autopsy: no	

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? (Specify type of place) ✓

While at work? ✓ (e) Means of injury ✓

23. Signature Joseph M. Tragg D (M. D. or other)

Address 818 Metropolitan Bldg. Date signed 12-9-42 St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

Metropolitan Bldg
1-3

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 Albert R. Thompson Jr.

Licensed Embalmer No. 4237

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.