

X28390

4774

85

State File No. _____

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **809**

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:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 min.
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 18 9

(d) Street No. 3109 Hickory
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Melrose Buchanan

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

4. Sex female 5. Color or race negro 5. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 18, 1942
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 2
year 43 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from 1-2-43
8:20 A.M. to 1-2-43 9 A.M.
that I last saw her alive on 1-2-43 19____
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>2</u>	<u>15</u>		hr. _____ min. _____

Immediate cause of death _____

Due to Dehydration

Due to Prematurity

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

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name Willie Buchanan

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

14. Maiden name Ann Belle

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

16. (a) Informant St. Mary's Hosp.

(b) Address _____

17. (a) Burial (b) Date thereof JAN 28 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director W. Merschman

(b) Address City Health Dept

19. (a) JAN 27 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations _____

Of autopsy Mild enteritis, dehydration, mesenteric lymphadenitis, pneumonia

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 _____

23. Signature L. S. Davis (M. D. or other) M.D.

Address 1456 Piquette Date signed 1-4-42

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

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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.