

S. No. 2
M-9-4-41
5-17-39
PI 22916

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8133

State File No. _____
Registrar's No. **2303**

Registration District No. **318** Primary Registration District No. **1003**

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: 3142^e Rutger /
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution _____ (Specify whether)
In this community _____ (Yes or No)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL.") 918
(d) Street No. 3142 A Rutger St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Martha Buckhanon

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

4. Sex Female 5. Color or 3 Negro 6. (a) Single, widowed, married, 2 divorced widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt 64 - - - hr. min.

9. Birthplace Okalona Miss 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name ? Smith
13. Birthplace ? Miss 1
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Woods
15. Birthplace Okalona Miss 1
(City, town, or county) (State or foreign country)

16. (a) Informant John Buckhanon
(b) Address 1603 S. 3rd St.

17. (a) Buried (b) Date thereof 3-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Father Heaton Cen

18. (a) Signature of funeral director Mary Wade
(b) Address 4202 Johnson Ave

19. (a) MAR 10 1943 (b) J. B. Reed
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4th
year 1943 hour 2 minute 00 P.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary sclerosis
arteriosclerosis

Due to _____

Due to _____ 9/4/43

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

Major findings: _____
Of operations _____

Of autopsy _____

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)
(a) Means of injury 3

23. Signature Thomas Callahan (M.D. or other) _____
Address Deputy Coroner Date signed 3-8-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

436

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 S. J. Watson
Licensed Embalmer No. 219 H
P. O. Address 27 W. Chouteau

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.