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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1944

State File No. \_\_\_\_\_

LED APR 28 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3665**

**1. PLACE OF DEATH:**

(a) County.....  
 (b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Louis City Hospital 0**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **4 Days**  
(Specify whether

In this community.....  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County **00922**  
1222  
 (c) City or town **ST. LOUIS** **9**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **CITY HOSPITAL 2631 Caroline**  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** **GLENWOOD TONEY BUFF**

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

**3. (c) Social Security No.** **NO**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **April** day **16,**  
 year **1943** hour **4:20** minute **P.** P. M.

**21. I hereby certify that I attended the deceased from** **April**  
**13,** 19**43**, to **April 16,** 19**43**  
 that I last saw him alive on **April 16,** 19**43**  
 and that death occurred on the date and hour stated above.

**4. Sex** **Male** **5. Color or face** **WHITE**

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

**6. (c) Age of husband or wife if**  
 alive \_\_\_\_\_ years  
 deceased **April 13 1943**  
(Month) (Day) (Year)

**Immediate cause of death**  
**Intra cranial hemorrhage**

**Duration**  
 \_\_\_\_\_

**Due to** \_\_\_\_\_

**Due to** \_\_\_\_\_

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

**8. AGE:**

Years	Months	Days	If less than one day
—	—	3	hr. _____ min.

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

**PHYSICIAN**

**Major findings:**  
 Of operations \_\_\_\_\_

**Of autopsy** \_\_\_\_\_

**Underline the cause to which death should be charged statistically.**

**10. Usual occupation** **INFANT**

**11. Industry or business** \_\_\_\_\_

**12. Name** **GLENWOOD BUFF**

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

**14. Maiden name** **MARY MILAN Kovich**

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

**16. (a) Informant** **Mr Glenwood M. Buff**  
 (b) Address **2631 Caroline St**

**17. (a) Burial** (b) Date thereof **April 20-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old St. Peter's Church**

**18. (a) Signature of funeral director** **E. J. Schur**  
 (b) Address **3125 Lafayette Ave**

**19. (a) Date received local** **Apr 28 1943**  
(City) (Registrar's signature)

**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)

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** **R. N. Young** **4-16** (M. D. or other)  
 Address **1515 Lafayette Avenue,** Date **4/17/43**

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

MOTHER FATHER

STATE 1012

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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.....

*Gas B Vollmer*

Licensed Embalmer No. *4014*

P. O. Address. *3125 Lafayette*

**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.**