

FILED JUN 9 1943
Registration District No. 19218

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
In this community 14 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rebecca Sampson Buchanan

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Arthur Buchanan 6. (c) Age of husband or wife if alive, Deceased

7. Birth date of deceased March 7 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 2 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Jefferson County, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business _____

MOTHER FATHER { 12. Name Preston Gridiron
13. Birthplace South Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Aikins
15. Birthplace South Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Gridiron

(b) Address 1632 Cole St., St. Louis, Mo.

17. (a) Burial (b) Date thereof 5/27/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas J. Gates

(b) Address 4107 Finney Ave.

19. (a) MAY 9 1943 (Date received local registrar) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3226 Lucas St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22,
year 1943 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 27,
1943 to May 22, 1943

that I last saw her alive on May 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Indef.

Due to _____

Due to _____

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)
(e) Means of injury _____

23. Signature Alva Moore (M. D. or other) _____

Address 2601 Webster Date signed 5/24/43

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.....

William C. McDowell.....

Registered Apprentice No.....

working under my personal supervision.

Signed

William C. McDowell

Licensed Embalmer No. 2194.....

P. O. Address 1711 North Taylor Avenue.....

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.