. S. No. 2
00M—2-43
5-17-39
I X356

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29776

State File No.

FILED SEP 21 1943

Registration District No. 3 8

Primary Registration District No. 1003

Registrar's No. 8248

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:
DePaul Hospital
(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 DEACESED:

(a) State Mississippi (b) County Hinds

(c) City or town Jackson
(If outside city or town limits, write "RURAL")

(d) Street No. 727 North Jefferson Avenue.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Willanna Buck

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Buck

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

7. Birth date of deceased December (Month) 20 (Day) 1880 (Year)

8. AGE: Years 62 Months 8 Days 26 If less than one day hr. min.

9. Birthplace Henry County (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name William Craven

13. Birthplace Henry County (City, town, or county) Kentucky (State or foreign country)

14. Maiden name Matilda Berry

15. Birthplace Henry County (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Ruth Buck Wallace

(b) Address Nashville, Tennessee

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/16/43 (Month) (Day) (Year)

(c) Place: burial or cremation Jackson Mississippi

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) SEP 16 1943 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1943 hour 4 minute 05 A.M.

21. I hereby certify that I attended the deceased from July 15, 1943 to Sept 16, 1943 that I last saw he alive on Sept 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	7 days
Myocarditis	7 days
Due to Carcinoma left breast	
Due to Generalized Carcinomatosis	18 mo
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 B. B. Lewis (M. D. or other)

Address 4487 Westminster Date signed Sept 16 1943

(Licensed Embalmer's Statement on Reverse Side)

OCT 18 1943

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.