. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

96
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12008

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 887

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans' Administration Facility,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. April 1, 1944 (Specify whether
In this community Since April 1, 1944
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 101

(a) State Missouri (b) County - - 0

(c) City or town Winona 0
(If outside city or town limits, write "RURAL")

(d) Street No. - -
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME BUCKLEY, John W.

3. (b) If veteran, name war W.W. #1

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Mrs. Nova J. Buckley

6. (c) Age of ~~husband or~~ wife if alive 29 years

7. Birth date of deceased May (Month) 28, (Day) 1882 (Year)

8. AGE: Years 61 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Fairfield, Iowa. (City, town, or county) / (State or foreign country)

10. Usual occupation Construction Foreman.

11. Industry or business - -

FATHER
12. Name John Buckley,
13. Birthplace Unknown (City, town, or county) Pennsylvania / (State or foreign country)

MOTHER
14. Maiden name Hettie A. Butler,
15. Birthplace Unknown (City, town, or county) Iowa. / (State or foreign country)

16. (a) Informant Marie Schilling Cl.Clk.,
(b) Address Vets.Adm.Fac., Jeff.Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4--14-1944 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery, Jefferson Barracks, Mo.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) APR 14 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th year 1944 hour 6:55 AM. minute M.

21. I hereby certify that I attended the deceased from April 1, 1944, 19 to April 9, 1944; that I last saw him alive on April 9, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CEREBRAL THROMBOSIS, WITH HEMIPARESIS, RIGHT SPASTIC.	5-days.
Due to: CEREBRAL ARTERIOSCLEROSIS.	Unknown.
~~Due to~~ OTHER CONDITIONS - OBSTRUCTION INTESTINAL, DUE TO	
~~Due to~~ MULTIPLE ADHESIONS.	1-week.
HERNIA, VENTRAL, POST-OPERATIVE.	Unknown
~~Other conditions~~ (Include pregnancy within 3 months of death)	

Major findings: Of operations 4-2-44 CELIOTOMY, WITH BREAKING UP OF ADHESIONS, AND REPAIR ~~Of autopsy~~ OF HERNIA. NO AUTOPSY. 830-1

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) No

(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 0

23. Signature L. M. COCHRAN, LT. COL. M.C. (M. D. or other)

Address Chief Medical Officer, Date signed 4-10-44

(Licensed Embalmer's Statement on Reverse Side) Jefferson Barracks, Mo.

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: Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address: 7322 Lemay Ferry

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.