

FILED JUN 23 1944
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

5368

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:
4200 Osceola Street.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days _____

3. (a) PRINT FULL NAME Clara H. Buchanan.

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 John Buchanan.
 6. (c) Age of husband or wife if alive Dec'd. years
 7. Birth date of deceased October 20, 1870.
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 7 22 hr. min.

9. Birthplace St. Louis, Missouri.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Dont know
 13. Birthplace Dont know
 (City, town, or county) (State or foreign country)
 14. Maiden name Dont know
 15. Birthplace Dont know
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna W. Puchett.(b) Address 4200 Osceola Street.

17. (a) Burial (b) Date thereof 6-14-1944.
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery.(a) Signature of funeral director Geo. L. Pleitsch, Inc.(b) Address 5966-68 Easton Avenue.

19. (a) JUN 14 1944 J. A. Brudeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis (16)
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4200 Osceola Street.
 (If rural, give location) _____
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th.
 year 1944 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from
May 2, 1944 to June 11, 1944
 that I last saw her alive on June 9, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death

Organic Valvular Heart
 Lesion

Duration

4 mo

Due to

Due to

Other conditions hemiplegia involving R. side 1 mo
 (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 J. W. Shaw (M. D. or other)
 Address 2330 Union Date signed 6/2/44

Dr. J. W. Shaw.
Wabada & Union
Hours 10 to 12 Noon.
Roesdale 0193

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.....

Ben Hoffman

Licensed Embalmer No.....

4366

P. O. Address.....

St. Louis, Mo.

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.