

FILED SEP 8 1944

Registration District No. 318

Primary Registration District No. 100

Registrar's No. 6536

1. PLACE OF DEATH:

(a) County.....
(b) City or town S.T. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
PARK LANE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County MADISON
(c) City or town COLLINSVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. 527 N. GUYNSEY
(If rural, give location) NR
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME ALBERT BUCKLES

3. (b) If veteran, name war NO
3. (c) Social Security No. 329-10-4437

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth Buckles
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Aug. 1897
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1944 hour 50 minute 12 M.
21. I hereby certify that I attended the deceased from July 18
11, 1944 to July 28, 1944
that I last saw him alive on July 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Compensatory of full bladder perforation
44 Perforation

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings: 1/21
Of operations.....
Of autopsy.....

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years 46 Months 11 Days 17
If less than one day hr. min.

9. Birthplace Ramsay Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Gas Producer

11. Industry or business Zinc Co

12. Name Marion Buckles

13. Birthplace Marion Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name Barthelena Overton

15. Birthplace Ramsay Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Buckles

(b) Address Collinsville Ill.

17. (a) Removal (b) Date thereof July 28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collinsville Ill.

18. (a) Signature of funeral director Robert A. Passley

(b) Address Collinsville, Ill.

19. (a) III 38 1944 (b) J. F. Passley
(Date received local registration) (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)
(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 Frank J. Smith (M. D. or other)
Address 4930 R. Jefferson Date signed 7/28

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

MOTHER FATHER

III 27 1945

JAN 6 1945

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.....
Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed *Herbert P. Casey*.....

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.