

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED MAR 9 1945

318

Registration District No. Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Day.
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Anna R. Buckley.

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Michael E. Buckley 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased February 23, 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 11 29 hr. min.

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

10. Usual occupation At Home.

11. Industry or business.....

12. Name Harry Tully.

13. Birthplace Ireland.
(City, town, or county) (State or foreign country)

14. Maiden name Julia Hogan.

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Michael E. Buckley.

(b) Address 5035a Ridge Ave.

17. (a) Burial (b) Date thereof 2-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation As always

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Rudell Blvd.

19. (a) FEB 25 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5035a Ridge Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22nd.
year 1945 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept 20, 1944 to Feb 22, 1945
that I last saw her alive on Feb 22 - 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Post Partum Hemorrhage & Shock

Due to Atony of Uterus

Due to Pregnancy

Other conditions (Include pregnancy within 3 months of death)

Major findings: 1/46
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) (b) Means of injury.....

23. Signature L. M. Tordan (M. D. or other) 3/3/45
Address 4500 Olive St Date signed.....

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1-1-68
6
Lafayette
Lafayette
Lafayette

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 W. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.