. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

2083

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

State File No. 3936

FILED JAN 21 1946

Registration District No. 17 Primary Registration District No. 6076 Registrar's No. 22

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 12/26/45 (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County -
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2007 Senate Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nickolas C. BUCKMILLER
3. (b) If veteran, name war WorldI
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife - -
6. (c) Age of husband or wife if alive - - years
7. Birth date of deceased April (Month) 7 (Day) 1887 (Year)

8. AGE: Years 58 Months 8 Days 24 If less than one day hr. min.

9. Birthplace St. Jacobs (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Unknown
FATHER
12. Name Charles Buckmiller
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Ida Fudge
15. Birthplace Nashville (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Clinical Records, Vet. Admin.
(b) Address Hospital, Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/46 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery Jefferson Barracks
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) 1-7-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1 year 1946 hour 9:30 minute P. M.
21. I hereby certify that I attended the deceased from December 26, 1945, to January 1, 1945, that I last saw him alive on January 1, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH MYOCARDIAL DAMAGE AND INSUFFICIENCY	Unknown
Due to - -	
Due to - -	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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? No.
While at work (Specify type of place) (e) Means of injury
23. Signature HARVEY E. SISK, Maj. M.C. (M. D. or other)
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 1/2/46

(Licensed Embalmer's Statement on Reverse Side)

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 Gustav W. Dietrle

Licensed Embalmer No. 4329

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.