

S. No. 2  
M-5-43  
7-5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21576**  
Registrar's No. **5738**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis, Missouri.**  
(b) City or town **St. Louis, Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital - Max C. Starkloff**  
(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)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **000**  
(c) City or town **ST. LOUIS** **177**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5463 DELMAR BLVD** **9**  
**Memorial** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **3**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **LUCY BUCK**  
3. (b) If veteran, name war **NIL** 3. (c) Social Security No. **NONE**  
4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**  
6. (b) Name of husband or wife **ROBERT L. BUCK** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **FEB 10 1871**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **27th** year **1946** hour **6:30** minute **P** M.  
21. I hereby certify that I attended the deceased from **June 11th 1946**, 19 **46**, to **June 27th 1946**, 19 **46**  
that I last saw her **or** alive on **June 27th 1946** and that death occurred on the date and hour stated above.

8. AGE: Years **75** Months **4** Days **17** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Carcinoma of breast & metastasis** **Flypo.**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **50**  
(Include pregnancy within 3 months of death)

9. Birthplace **COMMERCE Mo** (City, town, or county) (State or foreign country)  
10. Usual occupation **HOUSEWIFE**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **As above**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name **WM B. TAYLOR**  
13. Birthplace **SCOTT Co. Mo** (City, town, or county) (State or foreign country)  
14. Maiden name **ADDIE PRICE**  
15. Birthplace **SCOTT Co. Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **RUBY LEE TAYLOR**  
(b) Address **5463 DELMAR BLVD**  
17. (a) **BURIAL** (b) Date thereof **6-30-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation **COMMERCE, MO**  
18. (a) Signature of funeral director **Robert H. Hopp**  
(b) Address **4700 Washington Blvd**  
**JUN 28 1946**  
19. (a) (Date received local registrar) (b) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_  
23. Address **1915 Lafayette** Date signed **6/28/46**  
(M. D. or other)

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

204440

**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..... *Henry M. Brunner*

Licensed Embalmer No. *4200*

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.**