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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947
Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **11117**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Gregory's Hospital
(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 ADA
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4262 Miami
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Baby Buckley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 26
year 1946 hour 4:30 minute A M.
21. I hereby certify that I attended the deceased from 12/26/1946 to 12/26/1946
that I last saw him alive on 12/26/1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race w 6. (a) Single, widowed, married, divorced (1)
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____
(Month) (Day) (Year)

Immediate cause of death Prematurity
Due to 2¹⁵ 150g.
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
0 4 hrs 25 min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name Lynn W. Buckley
13. Birthplace Puxico MO
(City, town, or county) (State or foreign country)
14. Maiden name Jewell Payne
15. Birthplace Mc Kee MO
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Lynn W. Buckley
(b) Address 4162 Miami St. St. Louis Mo
17. (a) None (b) Date thereof Dec 26 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Puxico Mo
18. (a) Signature of funeral director L. W. Buckley
(b) Address 4162 Miami St. St. Louis Mo
19. (a) DEC 26 1946 (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature J. J. Michael (M. D. or other) _____
Address St. Louis Date signed 12/26/46

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.....

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.