S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6131

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2284

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 2846 McNair Av.
(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 Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2846 McNair Av.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James E. Buchanan.
3. (b) If veteran, name war no.
3. (c) Social Security No. no.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mayme Buchanan.
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Oct. 30 1881. (Month) (Day) (Year)

8. AGE: Years 66. Months 4 Days 4. If less than one day hr. min.

9. Birthplace Bonne Terre Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Confectionary Proprietor
11. Industry or business
FATHER
12. Name Augustas Buchanan.
13. Birthplace Georgia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Louise Patterson.
15. Birthplace Unknown Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mayme Buchanan
(b) Address 2846 McNair Av.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-48. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Mausoleum.
18. (a) Signature of funeral director Witt Bro. Funeral
(b) Address 2929 S. Jefferson Av.
19. (a) MAR 6 1948 (Date received local registrar) (b) J. R. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 4 year 1948 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from 4 March 1948 to 4 Mar. 1948 that I last saw him alive on 4 March 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial infarction	7 hrs.
Due to: Coronary thrombosis	7 hrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: Thrombosis, left coronary anterior descending branch

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature T. G. Drake (M. D. ~~or other~~)
Address 1149 N. Taylor (8) Date signed 4 Mar 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 21 1948

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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So. Jefferson ave.

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.