FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948
Registration District No. 518

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

State File No. 27558 7234
Registrar's No.

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

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:
Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community 18 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17
(c) City or town St Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1104 Papin 0
(If rural, give location)
22
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Buckner
3. (b) If veteran, name war
3. (c) Social Security No. 490-12-0366

4. Sex F 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married 4
6. (b) Name of husband or wife Will Buckner
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased July (Month) 25 (Day) 1897 (Year)

8. AGE: Years 51 | Months | Days 22 | If less than one day hr. min.

9. Birthplace Bolivia (City, town, or county) Tenn. 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER
12. Name Ernest Keys
13. Birthplace unknown (City, town, or county) Tenn (State or foreign country)
14. Maiden name Ollie Mae Scott
15. Birthplace unknown (City, town, or county) Tenn. (State or foreign country)

FATHER

16. (a) Informant Will Buckner
(b) Address 1535 So. 8nd St
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8/18/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Shipping Mt Kinsington Mem
18. (a) Signature of funeral director A.H. Burks
(b) Address 242 Carroll St
19. (a) AUG 18 1948 (Date received local registrar) (b) O.C. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15
year 1948 hour 8 minute P M.
21. I hereby certify that I attended the deceased from August 14, 1948 to August 15, 1948
that I last saw her alive on August 15, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Cervix - Stage IV	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(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) Means of injury

23. Signature J.B. Clayton (M. D. or coroner) 8-16-48
Address 2601 N Whittier St Date signed

(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 ..... 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.