

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 2931 Iowa Ave.
(d) Length of stay: In hospital or institution
In this community _____ years, months or days

3. (a) PRINT FULL NAME Mary C. Buck
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 31 1866

8. AGE: Years 82 Months 3 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
At. Home (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name John L. Cunningham
13. Birthplace Ireland (State or foreign country)

14. Maiden name Mary Doogan
15. Birthplace Ireland (State or foreign country)

16. (a) Informant Charles Cunningham
(b) Address 2931 Iowa Ave.

17. (a) Burial (b) Date thereof 11/3/48
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John H. Gebken Sons
(b) Address 2630 Gravois Avee

19. (a) NOV 2 1948 (b) J. B. Slaten (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County *Geo*
(c) City or town St. Louis 17
(d) Street No. 2931 Iowa Ave. 4
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 30
year 1948 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to Oct 30 1948
that I last saw her alive on Oct 30 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 4 Hours

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) (e) Means of injury _____

23. Signature Fred W. Rollins (M. D. or other)
Address 2125 Sydney St Date signed 11/1-48

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..... *Robert T. Lebkew*.....

Licensed Embalmer No..... 4144.....

P. O. Address..... 2630 Gravois.....

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.