

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 15 1949

State, File No. 9862

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3161

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST		d. STREET ADDRESS (If rural, give location) 3508 NEBRASKA	

3. NAME OF DECEASED (Type or Print)	a. (First) VIOLA	b. (Middle) NANCY	c. (Last) BUCK	4. DATE OF DEATH (Month) (Day) (Year) APR. 5 1949
-------------------------------------	------------------	-------------------	----------------	---

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 28 1890	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Hours 8	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GARMENT WORKER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo., MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JAMES CAMPBELL	13b. MOTHER'S MAIDEN NAME SARAH REED	14. NAME OF HUSBAND OR WIFE HARLAN BUCK
-----------------------------------	--------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 496-28-2196	17. INFORMANT'S SIGNATURE OR NAME HARLAN BUCK-3508 NEBRASKA	ADDRESS
---	--	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of Colon, metastasis		2 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) H/O DUE TO (c) 152X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Feb, 1948	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
----------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ p.m., from the causes and on the date stated above.

23a. SIGNATURE James C. [Signature]	(Degree or title)	23b. ADDRESS 4047 ^a Gravois	23c. DATE SIGNED 7/7/49
-------------------------------------	-------------------	--	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR. 8, 1949	24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
--	------------------------	---	--

DATE REC'D BY LOCAL REG. APR 7 1949	REGISTRAR'S SIGNATURE J. B. Pasater	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis	ADDRESS 2906 Gravois
-------------------------------------	-------------------------------------	---	----------------------

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

3 30 P.M. [Signature]

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

James C. Hill

Licensed Embalmer No. _____

4347

P. O. Address _____

2906 Grava

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.