

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21958**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3066** Registrar's No. **1491**

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

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. LENGTH OF STAY (In this place) 15 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		d. STREET ADDRESS (If rural, give location) 1244 S. Geyer Rd.
d. FULL NAME OF HOSPITAL OR INSTITUTION 1244 S. Geyer Rd.			d. STREET ADDRESS (If rural, give location) 1244 S. Geyer Rd.		
3. NAME OF DECEASED (Type or Print) a. (First) Alta b. (Middle) M. c. (Last) Buckley			4. DATE OF DEATH (Month) (Day) (Year) June 21 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 28, 1859	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR 3 Months
IF UNDER 1 HRS. 23 Hours	IF UNDER 1 HRS. 0 Mins.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Nil	11. BIRTHPLACE (State or foreign country) Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Harvey N. Davidson		13b. MOTHER'S MAIDEN NAME Sara English		14. NAME OF HUSBAND OR WIFE George F.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Frederick Degler ADDRESS Kirkwood, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Osteio-sclerotic heart disease ANTECEDENT CAUSES Atherosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 93d				INTERVAL BETWEEN ONSET AND DEATH 3 yrs. 5 yrs.
19a. DATE OF OPERATION home	19b. MAJOR FINDINGS OF OPERATION				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 1/29, 1948 , to 6/21, 1949 , that I last saw the deceased alive on _____, 19____, and that death occurred at 7:34 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE J. D. Stoeckle (Degree or title) M.D.			23b. ADDRESS 104 W. Adams, Kirkwood		23c. DATE SIGNED 6/21/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/21/49	24c. NAME OF CEMETERY OR CREMATORY.	24d. LOCATION (City, town, or county) (State) Springfield, Mo.		
DATE REC'D BY LOCAL REG. 6-20-49		REGISTRAR'S SIGNATURE Herbert R. Donke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfizeringer Kirkwood, Mo.	

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 John M. Freyer.....

Licensed Embalmer No. 3658.....

P. O. Address Kirkwood Inc.....

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.