

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38791

State File No. 1003

REGISTRAR'S NO. 9832

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____ REGISTRAR'S NO. _____

1. PLACE OF DEATH a. COUNTY 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 277⁹	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1123 Dolman ST.		d. STREET ADDRESS (If rural, give location) 1123 Dolman ST.	
3. NAME OF DECEASED (Type or Print) a. (First) TIMOTHY	b. (Middle) JOHN	c. (Last) BUCKLEY	4. DATE OF DEATH (Month) (Day) (Year) NOV 5-51
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH NOV-11-1874
9. AGE (in years last birthday) 76 YRS.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mo
11. BIRTHPLACE (State or foreign country) Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.	13a. FATHER'S NAME DENNIS BUCKLEY	13b. MOTHER'S MAIDEN NAME ELLEN MADIGAN
13a. FATHER'S NAME DENNIS BUCKLEY	13b. MOTHER'S MAIDEN NAME ELLEN MADIGAN	14. NAME OF HUSBAND OR WIFE	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Mary Kidd 1123 Dolman ST	

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) Cerebrovascular accident ANTECEDENT CAUSES DUE TO (b) Generalized arteriosclerosis DUE TO (c) Arterio sclerotic heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH seven days years years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H200		

22. I hereby certify that I attended the deceased from **Oct 30, 1951**, to **Nov 5, 1951**, that I last saw the deceased alive on **pm of 11/4, 1951**, and that death occurred at **8:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE George Esker, M.D.	(Degree or title)	23b. ADDRESS 5733 McAnville Ave	23c. DATE SIGNED 11/5/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 7-1951	24c. NAME OF CEMETERY OR CREMATORY CAH VARY Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Mo
DATE REC'D BY LOCAL REG. NOV 7 1951	REGISTRAR'S SIGNATURE Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schurz 3125 Lafayette Ave	

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

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 _____

Licensed Embalmer No. 4814

P. O. Address 3125 2nd Street

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.