

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2632

FILED FEB 14 1952

State File No.

0804

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

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 town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3008 Semple	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3008 Semple		e. STREET ADDRESS (If rural, give location) 3008 Semple	

3. NAME OF DECEASED (Type or Print) a. (First) Caroline b. (Middle) c. (Last) Buchanan		4. DATE OF DEATH (Month) (Day) (Year) 1 23 52	
5. SEX F	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 12-1883
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	11. BIRTHPLACE (State or foreign country) Jeff Davidson Co. Miss.
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Willis Lee	
13b. MOTHER'S MAIDEN NAME Amanda Smith		14. NAME OF HUSBAND OR WIFE Will Buchanan	

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 Pearl Price	
18. CAUSE OF DEATH		ADDRESS 3008 Semple	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident		INTERVAL BETWEEN ONSET AND DEATH 1 w.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertensive Heart Disease		19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? HM3X

22. I hereby certify that I attended the deceased from **7-15**, 19**51**, to **1-17**, 19**52**, that I last saw the deceased alive on **1-17**, 19**52**, and that death occurred at **6:40** a.m., from the causes and on the date stated above.

23a. SIGNATURE John F. Brunson, MD (Date or title)	23b. ADDRESS 4242 Eastern Ave	23c. DATE SIGNED 1-25-52
24a. BURIAL / CREMATION REMOVAL (Specify) Removal	24b. DATE 1-29-52	24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		

DATE REC'D BY LOCAL REG. JAN 26 1952	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. EMERALD DIRECTOR'S SIGNATURE E.P. Ponce	ADDRESS 1221 N. Grand
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

mgs (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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clarence Adams

Licensed Embalmer No. 4755

P. O. Address 12717 Grand

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.