

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9756

State File No.

FILED APR 12 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 2873

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

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. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2229	
d. STREET ADDRESS 122 2734a Clark		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) Margalene (Type or Print)		b. (Middle) Buckner c. (Last)	
4. DATE OF DEATH March 23 1952		4. DATE OF DEATH (Month) (Day) (Year)	
5. SEX F	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 13, 1932
9. AGE (In years last birthday) 20	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY Park More Restaurant	11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Harrison Buckner	13b. MOTHER'S MAIDEN NAME Zora Reynolds	14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 189 07 1589	17. INFORMANT'S SIGNATURE OR NAME Zora Buckner	
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.		17. ADDRESS 2734a Clark	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia and Tuberculosis of Mediastinal Node with Hematogenous Spread		INTERVAL BETWEEN ONSET AND DEATH Undet.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cystitis			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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? M 2X	
22. I hereby certify that I attended the deceased from 12-26, 19 51, to 3-23, 19 52, that I last saw the deceased alive on 3-23, 19 52, and that death occurred at 9 a. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Foreman W Harris M. D.		23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 3-25-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-27-52	24c. NAME OF CEMETERY OR CREMATORY Mt Olive	24d. LOCATION (City, town, or county) (State) Lemay Mo
DATE REC'D BY LOCAL REG. MAR 26 1952	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERARY DIRECTOR'S SIGNATURE E. L. Lane	ADDRESS 1221 N. Grand

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Clarence Crooks*

Signed.....
Student Embalmer

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.