

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12583

FILED APR 11 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 911

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give OR. TOWN University City OR. TOWN University City c. LENGTH OF STAY (In this place) 24 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION 6600 Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN University City (Residence within limits of city or incorporated town? Yes No
d. STREET ADDRESS (If rural, give location) 6600 Washington

3. NAME OF DECEASED (Type or Print)
a. (First) Estelle b. (Middle) _____ c. (Last) Buchanan
4. DATE OF DEATH (Month) (Day) (Year) March 26, 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH Sept. 12, 1868 9. AGE (In years last birthday) 84 10. UNDER 1 YEAR Months _____ Days _____ 11. UNDER 2 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Unavailable 11. BIRTHPLACE (City and State or Foreign Country) New London, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John F. Buchanan 13b. MOTHER'S MAIDEN NAME Lucy Brown 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. None 17. INFORMANT'S SIGNATURE OR NAME Files of Christian Old Peoples Home ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia INTERVAL BETWEEN ONSET AND DEATH 4 day
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 491X 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to March 27 1953 that I last saw the deceased alive on Jan 26, 1952, and that death occurred at 2:45 pm., from the causes and on the date stated above.

23a. SIGNATURE Hayars M.D. (Degree or title) 23b. ADDRESS 607 A. Grand 23c. DATE SIGNED 3-27-53

24a. BURIAL, CREMATION REMOVAL (Specify) Removal 24b. DATE 3-27-53 24c. NAME OF CEMETERY OR CREMATORY Barclay 24d. LOCATION (City, town, or county) (State) New London, Mo.

DATE REC'D BY LOCAL REG. 3-27-53 REGISTRAR'S SIGNATURE Heber R. Dombke 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Blvd.

520 (Licensed Embalmer's Statement on Reverse Side)

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

4006
1

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.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *3749*.....

P. O. Address *St. Louis, Mo.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.