.300
.48

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

FILED JUL 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26177

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6911

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place): 1 WEEK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MISSOURI PACIFIC HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: ILLINOIS
b. COUNTY: ST. CLAIR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EAST CORONDOLET 8120
d. STREET ADDRESS (If rural, give location): RURAL – BOX 81 8

3. NAME OF DECEASED (Type or Print)
a. (First): ULECIOUS
b. (Middle):
c. (Last): BUCHANAN

4. DATE OF DEATH (Month) (Day) (Year): JULY 12 1953

5. SEX: M
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: FEB 7, 1899
9. AGE (In years last birthday): 54
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COACH CLEANER
10b. KIND OF BUSINESS OR INDUSTRY: G.M.&O. RAILROAD
11. BIRTHPLACE (City and State or Foreign Country): MACON, MISS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: TOM BUCHANAN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: GEORGE BUCHANAN
ADDRESS: 3615 LA SALLE, CHICAGO, ILL

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Subdural Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia; internal injuries received while his car overturned while speeding
DUE TO (c) the city of East Carondelet, Ill on July 5 1953 at about 2:00 am
by a blow at the hands of Edwin James could not be determined — Open Verdict

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
20. AUTOPSY YES ☑ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): Open Verdict
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) E. 822.4 (COUNTY) (STATE) 8.1.2
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 32

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Patrick C. Taylor (Degree or title) Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 7-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: July 14, 1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): EAST ST. LOUIS, ILLINOIS

DATE REC'D BY LOCAL REG.: JUL 14 1953
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: MARSHALL FUNERAL HOME
ADDRESS: EAST ST. LOUIS, ILL
(Licensed Embalmer's Statement on Reverse Side)

M 918

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 Thomas M. Dabrow

Licensed Embalmer No. 4479

P. O. Address 2205 MISSOURI A
EAST ST. LOUIS, IL

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.