

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20266**
Registrar's No. **4800**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 20266		Registrar's No. 4800			
1. PLACE OF DEATH a. COUNTY _____				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 township) OR TOWN St. Louis			c. LENGTH OF STAY (If in this place) 11 Weeks			c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Deaconess Hospital				e. STREET ADDRESS (If rural, give location) 4515 Lindell Blvd.							
3. NAME OF DECEASED (Type or Print) Catherine			a. (First)			b. (Middle) Buckley			c. (Last)		
4. DATE OF DEATH May 29, 1954			5. SEX F.			6. COLOR OR RACE W.			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		
8. DATE OF BIRTH Jan. 23, 1878			9. AGE (In years last birthday) 76			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner - real estate			11. BIRTHPLACE (City and State or Foreign Country) Illinois		
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME Cornelius Buckley			13b. MOTHER'S MAIDEN NAME Ellen Halloran			14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME Miss Margaret Buckley ADDRESS 4515 Lindell					
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) Leukemia INTERVAL BETWEEN ONSET AND DEATH 3 yrs 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.							
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		21d. (COUNTY) _____		21e. (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2044							
22. I hereby certify that I attended the deceased from 05-29-54 , 19 54 , to 5-29 , 19 54 that I last saw the deceased alive on 5-29 , 19 54 and that death occurred at 8:30A. m. , from the causes and on the date stated above.											
23a. SIGNATURE M. J. Donnelly (Degree or title) M.D.				23b. ADDRESS 684 N. Grand				23c. DATE SIGNED 5-29-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-1-54		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. JUN 1 1954		REGISTRAR'S SIGNATURE J. Charles Smith				FUNERAL DIRECTOR'S SIGNATURE McArthur J. Donnelly ADDRESS 3840 Lindell					

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. J. [Signature].....

Licensed Embalmer No.....

P. O. Address.....

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.