

FILED MAR 31 1955

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Registrar's No. 2479

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 5 yrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>											
d. FULL NAME OF HOSPITAL OR INSTITUTION 5000 S. Broadway				e. STREET ADDRESS (If rural, give location) 5000 S. Broadway													
3. NAME OF DECEASED a. (First) Esther (Type or Print)			b. (Middle) _____		c. (Last) Buckie		4. DATE OF DEATH (Month) (Day) (Year) March 18 1955										
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct 27, 1873		9. AGE (In years last birthday) 81		# UNDER 1 YEAR 4		# UNDER 1 RES. Days 21		# UNDER 1 RES. Hours _____		# UNDER 1 RES. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) New York City, N.Y.				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME William Moody				13b. MOTHER'S MAIDEN NAME Martha Clyde				14. NAME OF HUSBAND OR WIFE _____									
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 Mrs Esther Buckie (Deceased)				ADDRESS _____					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis years DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebro. malacia Several months															
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) (COUNTY) (STATE) _____											
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200													
22. I hereby certify that I attended the deceased from 8/29 1957, to 3/18 1955, that I last saw the deceased alive on 3/15 1955, and that death occurred at 2:45A m., from the causes and on the date stated above.																	
23a. SIGNATURE J. E. Mosher, M.D. (Degree or title)						23b. ADDRESS 3554 VICTOR ST. ST. LOUIS MO				23c. DATE SIGNED 3/18/55							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/21/55		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.				24d. LOCATION (City, town, or county) (State) St Louis Mo									
DATE REC'D BY LOCAL REG. MAR 18 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois											

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 Student Embalmer No. working under my personal supervision. .

Student.....
Signature of Student Embalmer

Signed..... *E. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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