

FILED APR 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH10497  
State File No. 1003  
Registrar's No. 2836

318

1003

2836

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 St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) DOA		c. CITY OR TOWN Overland		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 Enroute City Hospital				e. STREET ADDRESS (If rural, give location) 10005 Niblic, Drive,			
3. NAME OF DECEASED (Type or Print) a. (First) Marvin		b. (Middle) Dale		c. (Last) Buckner		4. DATE OF DEATH (Month) (Day) (Year) March 18, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 15, 1908	
9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Adjustor		11. BIRTHPLACE (City and State or Foreign Country) Paxton, Illinois,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Adjustor		10b. KIND OF BUSINESS OR INDUSTRY Mercantile Bank		11. BIRTHPLACE (City and State or Foreign Country) Paxton, Illinois,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Clarence Buckner			13b. MOTHER'S MAIDEN NAME Nellie Thomas			14. NAME OF HUSBAND OR WIFE Violet Buckner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. # 2		16. SOCIAL SECURITY NO. 497-16-6380		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Violet Buckner, 10005 Niblic, Dr.			
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 Overland, Mo. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Stab wound of the chest with Hemo-Pericardium, whether supported as a result of automobile accident when car operated by deceased struck tree in the vicinity 627 Holly Hills Ave., about 1/2 mi. March 18 1956 or from other means could not be determined				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				AD AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT OR SUICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 9135		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 48	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? acc				21g. HOW DID INJURY OCCUR? 48	
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Joseph M. Quinn, M.D.				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3/20/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-22-56		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.	
DATE REC'D BY LOCAL REG. MAR 20 1956		REGISTRAR'S SIGNATURE Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington,			

(Licensed Embalmer's Statement on Reverse Side)

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 *Stanley H. Dix*  
Licensed Embalmer No. *4*  
P. O. Address *St. C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.