FILED MAR 27 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-012549
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 769

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Clayton Mo — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 46 St Louis County — Length of stay in 1b Hosp 1wk 2119

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St Louis — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 4478 Surburban — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Allen Middle Last Buchanan

4. DATE OF DEATH Month 3 Day 14 Year 58

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Mar 27.1887
9. AGE (In years last birthday) 71 — 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) Minister
10b. KIND OF BUSINESS OR INDUSTRY Religion
11. BIRTHPLACE (City and state or country) Mississippi 1
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Unk
13b. MOTHER'S MAIDEN NAME Unk
14. NAME OF HUSBAND OR WIFE America Buchanan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Johnson Buchanan Address 4478 Surburban

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Diabetes mellitus — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 260X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-7-58, to 3-14-58 and last saw her/him alive on 3-14-58
Death occurred at 1:10 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John E. Oakley, M.D.
22b. ADDRESS 601 So. Brentwood
22c. DATE SIGNED 3-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-19-58
23c. NAME OF CEMETERY OR CREMATORY Washington Park
23d. LOCATION (City, town, or county) St. Louis County (State) MO.

24. FUNERAL DIRECTOR Boyd Funeral Home ADDRESS 3706 Finney Ave
25. DATE RECD. BY LOCAL REG. 3-17-58
26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 W. Claude Go...

Licensed Embalmer No. 34...

P. O. Address 45-75 Al...

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.