

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019538

STATE FILE NUMBER

FILED MAY 26 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5087

300
1-57 0

1. PLACE OF DEATH a. COUNTY		5. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN East St. Louis <i>8120</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Infirmery		Length of stay in 1b 13 Hours	d. STREET ADDRESS (If outside, give location) 30-F Samuel Gompers Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First IRA Middle JAMES Last BUCHANAN		4. DATE OF DEATH Month May Day 10 Year 1958	
5. SEX Male <i>2</i>	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 13, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Cotton Belt Railroad	11. BIRTHPLACE (City and state or country) Metropolis, Illinois
13a. FATHER'S NAME William Buchanan		13b. MOTHER'S MAIDEN NAME Minnie Tate	14. NAME OF HUSBAND OR WIFE Olivia Buchanan
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. 708-09-2742	17. INFORMANT <i>Olivia Buchanan</i> Address 30-F Samuel Gompers Homes
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Mechanical Intestinal Obstruction with Emphysema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) In cancer area Rt. Iliac region of Perineum PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 4 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 561.0	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 March 1954 to April 10 and last saw her/him alive on May 10 , Death occurred at 9:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Chas R. France, M.D.</i>		22b. ADDRESS 1419 Kansas	22c. DATE SIGNED 5/13/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/14/58	23c. NAME OF CEMETERY OR CREMATORY Booker Washington	23d. LOCATION (City, town, or county) (State) Centreville Township, Illinois
24. FUNERAL DIRECTOR <i>Marion's Office</i> Address 2114 Missouri Ave East St. Louis Ill.		25. DATE RECD. BY LOCAL REG. MAY 13 '58	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> S.P.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Frank Trokoff*

Licensed Embalmer No. *4356*

P. O. Address: *H. J. Davis*

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.