

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035067

STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2387

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give township only) OR TOWN St. Louis County		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN St. Louis County 4020	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10113 Earl Dr.		Length of stay in lb 5 Yrs.		d. STREET ADDRESS (If outside, give location) 10113 Earl Dr.	
3. NAME OF DECEASED (Type or print) First Lonnie Middle Reed Last Buckingham			4. DATE OF DEATH Month 9- Day 14- Year 58		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-22-97	9. AGE (In years from birthday) 61	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) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY Public Schools		11. BIRTHPLACE (City and state or country) Erin, Tenn.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Buckingham		13b. MOTHER'S MAIDEN NAME Mollie Lowry	
14. NAME OF HUSBAND OR WIFE Ruth McBenge		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if unknown) (If yes, give year and department of service) Yes World War I		16. SOCIAL SECURITY NO. 492-01-2659	
17. INFORMANT Ruth Buckingham		Address 10113 Earl Dr.			
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 fulminant adenoma					INTERVAL BETWEEN ONSET AND DEATH Hours 48 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) left ventricular failure					
DUE TO (c) acute blood loss					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Esophageal varices - 4621					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			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 1957 , to 9-14-58 and last saw her alive on 9-14-58 Death occurred at 11:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Rene S. Nunez (Degree or title)			22b. ADDRESS 6401 W. Florissant Ave.		22c. DATE SIGNED 9-14-58
23a. BURIAL, CREMATION, REMOVAL (specify) Burial		23b. DATE 9-17-58	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR White-Mullen 118 N. Florissant Rd.			25. DATE RECD. BY LOCAL REG. 9-15-58		26. REGISTRAR'S SIGNATURE Herbert R. Dombek M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

St Paul Mo
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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 *Gustav A. Gier*

Licensed Embalmer No. *4329*
P. O. Address *St Louis Mo*

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.