No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24335
5308

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Paul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2069
d. STREET ADDRESS (If rural, give location) 5369 Northland

3. NAME OF DECEASED (Type or Print) a. (First) Peter b. (Middle) Perry Mc c. (Last) Buchon

4. DATE OF DEATH (Month) June (Day) 16 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 10, 1880

9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months | Days 10 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) French Village Mo.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Peter Mc Buchon

13b. MOTHER'S MAIDEN NAME Elizabeth Bridges

14. NAME OF HUSBAND OR WIFE Myrtle

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. 499-05-8539

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Myrtle Mc Buchon 5369 Northland

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Carcinoma Spleen — INTERVAL BETWEEN ONSET AND DEATH 2 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Medullary Carcinoma Spleen and Liver

20. AUTOPSY? YES ☐ NO ☒

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) —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

210.2

22. *I hereby certify that I attended the deceased from* June 13 '50 *to* June 16 '50 *that I last saw the deceased alive on* June 16 1950, *and that death occurred at* 3:55 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE J H Gallagher (Degree or title) O

23b. ADDRESS 3903 Olive

23c. DATE SIGNED 6/16/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-20-1950

24c. NAME OF CEMETERY OR CREMATORY St. Joseph's

24d. LOCATION (City, town, or county) Bonne Terre (State) Mo.

DATE REC'D BY LOCAL REG. JUN 17 1950

REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Chas F. Stuart 1225 Union

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Clement McNeany

Licensed Embalmer No. 3732

P. O. Address St. Louis

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