

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.  
**36303**

**1. PLACE OF DEATH**

County ..... Registration District No. **77**  
 Township ..... Primary Registration District No. **50**  
 City **St. Louis** (No. **2521 N. Spring**) St. .... Ward)

File No. **10009**  
 Registered No. .... St. .... Ward)

**2. FULL NAME**

**William J. Buddie**  
 (a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

|  |                                  |  |
|--|----------------------------------|--|
| 3. SEX<br><b>male</b>  | 4. COLOR OR RACE<br><b>white</b> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><b>married</b> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><b>Elizabeth Buddie</b>  |                                  |  |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>April 5 1863</b>   |                                  |  |
| 7. AGE   | YEARS<br><b>63</b>               | MONTHS<br><b>7</b>   |
|  | DAYS<br><b>6</b>                 | IF LESS than 1 day, ____ hrs. or ____ min.                                 |
| 8. OCCUPATION OF DECEASED<br>(a) Trade, profession, or particular kind of work ..... <b>Chief</b><br>(b) General nature of industry, business, or establishment in which employed (or employer) <b>Building Commission</b><br>(c) Name of employer |                                  |  |

9. BIRTHPLACE (CITY OR TOWN) ..... **St. Louis**  
 (STATE OR COUNTRY)

10. NAME OF FATHER **Henry Buddie**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... **St. Louis**  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Mathelonia Fudman**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... **Germany**  
 (STATE OR COUNTRY)

14. INFORMANT **Mrs. Elizabeth Buddie**  
 (Address) **2521 N. Spring**

15. FILED **NOV 12 1925** **Max C. Starkoff**  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 11 1926**

17. I HEREBY CERTIFY That I attended deceased from **March 11** to **March 11**, 1926, and that I last saw him ..... alive on **March 11**, 1926, and that death occurred, on the date stated above, at **5:20 P. M.**

THE CAUSE OF DEATH WAS AS FOLLOWS:  
**Chronic Intestinal Aphasia**  
**131**  
**97** (duration) yrs. mos. da.  
 CONTRIBUTORY (SECONDARY) **Arteriosclerosis**  
 (duration) yrs. mos. da.

18. WHERE WAS DEATH CONTRACTED .....  
 IF NOT AT PLACE OF DEATH

8. DID AN OPERATION PRECEDE DEATH? **No** DATE OF .....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Guided**  
 (Signed) **Red Karis** M. D.  
 1926, 1926 (Address) **1100 N. 1st St. St. Louis**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Cemetery** DATE OF BURIAL **7-15 1926**

20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2039 Wash St**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

