

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Wentworth
City Wentworth

Registration District No. 788
Primary Registration District No. 4491

File No. 15843
Registered No. 477
St. _____ Ward _____

2. FULL NAME

Conrad Budke Jr.
(a) Residence. No. 9 Sylvester Ave. Wentworth 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mae Spring Budke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 2 18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Secretary of Advertising
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Nelson Chismant Co.

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

10. NAME OF FATHER Conrad Budke

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

12. MAIDEN NAME OF MOTHER Carrie Witt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

14. INFORMANT May Budke (Address) 9 Sylvester Ave. Wentworth

15. FILED 4-23-29 Arthur W. Westrup REGISTRAR
per Ethel Neeson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 1929
17. 3

I HEREBY CERTIFY, That I attended deceased from Feb 16, 1927, to April 23, 1929, that I last saw him alive on April 23, 1929, and that death occurred, on the date stated above, at 2:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 46B

Carcinoma of Stomach (duration) yrs. mos. ds. 40E

CONTRIBUTORY (SECONDARY) Carcinoma of liver (duration) yrs. mos. ds. 6

18. WHERE WAS DISEASE CONTRACTED UNKNOWN
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 22-29
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. J. Brown, M. D.
, 19 422 (Address) Wall Bldg

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Friedens Cem. DATE OF BURIAL Apr 25 1929

20. UNDERTAKER Knowlton Co. 2707 Grand

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.

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