

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

Do not use this space.

24381

1. PLACE OF DEATH

96 County St. Louis
Township Carroll

Registration District No. 1123
Primary Registration District No. 1123
(No. 17 Highway R 78 off Bk. mo.)

File No. _____
Registered No. 224
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. R 78 # 8 St. _____ Ward. Jefferson Bk. mo
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. C. Gebhardt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24, 1859</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>11</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St Louis, Co. mo

FATHER 13. NAME Bernard Budde

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany

MOTHER 15. MAIDEN NAME Katherine Stearns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany

17. INFORMANT (ADDRESS)
J. C. Gebhardt

18. BURIAL, CREMATION, OR REMOVAL PLACE
Old St Louis DATE 7/13/33

19. UNDERTAKER (ADDRESS)
C. W. Hoffmeister

20. FILED July 11, 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1933

22. I HEREBY CERTIFY That I attended deceased from July 2, 1933, to July 10, 1933
I last saw her alive on July 10, 1933 Death is said to have occurred on the date stated above, at 10:00 p. m.
The principal cause of death and related causes of importance were as follows:

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Chronic endocarditis
Chronic interstitial nephritis
Date of onset _____
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Waldor Hill, M. D.
(Address) Jefferson R 8 mo

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.

AUG 26 1933

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WRITE IN CARET, WITH CARE, THIS IS A PERMANENT RECORD

