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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH
County
Township
City St. Louis, Mo. (No. City Sanitarium St. Ward)

Registration District No. 791
Primary Registration District No. 1003

File No. 3611
Registered No. 645

2. FULL NAME Catherine Budke
(a) Residence, No. 3522 Lindell St., 21 Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 25, 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
~~66~~ 67	11	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Nil 26a
10. Date deceased last worked at this occupation (month and year): Nil
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Iowa 2

FATHER
13. NAME: John Gayhardt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany 10

MOTHER
15. MAIDEN NAME: Marie Smitts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany 10

17. INFORMANT (ADDRESS): R.C. Sinclair, M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE W. Matthews Cem DATE Jan 16, 1937

19. UNDERTAKER (ADDRESS): John L. Ziegenheim & Sons 7077 Wayne Ave

20. FILED JAN 15 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936, 19..., to Jan 13, 1937, 19...
I last saw her alive on Jan. 13, 1937. Death is said to have occurred on the date stated above, at 9:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia, Left	1-12-1937
Cerebral Apoplexy	

Other contributory causes of importance:
Dementia Praecox 1920x

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

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? No
If so, specify
(Signed) R. C. Sinclair, M. D.
(Address) 5400 Arsenal St.

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.