

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

27398  
Do not use this space.

DEAD SEP 12 1938

1008

7412

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. ....  
(c) City ST. LOUIS MO (d) Street No. 3034 NEW ASHLAND PL. St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 3034 NEW ASHLAND PL. St. 10 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF JOHN BUDDE (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 8<sup>TH</sup> 1890

7. AGE YEARS 48 MONTHS - DAYS 12 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) DOW (STATE OR COUNTRY) ILL.

FATHER 13. NAME FRANK BUCHHOLZ

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

MOTHER 15. MAIDEN NAME KUNIGUNDA SCHNAPPAUF

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

17. INFORMANT John Budde (ADDRESS) 3034 New Ashland Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE AUG 23<sup>RD</sup> 1938

19. FUNERAL DIRECTOR (NAME) BROCKLAND UND. CO. (ADDRESS) 1827 HOGAN STR

20. FILE AUG 22 1938 J. P. Budde Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 20<sup>TH</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1938, to Aug 20, 1938.  
I last saw him alive on Aug 20, 1938. Death is said to have occurred on the date stated above, at 8:20 P. m.  
The principal cause of death and related causes of importance were as follows:

Carcinomatosis of abdomen cavity  
(Primary not determined but prob. secondary)

Other contributory causes of importance:

49A

Name of operation ..... Date of .....  
What test confirmed diagnosis? Biopsy of gland Was there an autopsy? no

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) Henry Rosenfeld M. D.  
(Address) 508 N. 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.

**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,

*John B. Brockland*

or by

Registered Apprentice No. ...., working under my personal supervision.

Signed

*John B. Brockland*

Licensed Embalmer No.

*93*

P. O. Address

*St Louis Mo*

**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, above space should be left blank.**