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.

NOV 16 1938

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

33778
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 8764

(c) City St. Louis (d) Street No. City Hospital No. 1 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

D. 7153 3-0

2. PRINT FULL NAME Frank Buddy

(a) Residence, No. 601 S. Broadway St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (UNKNOWN) 1883

7. AGE: 55 YEARS | MONTHS: — | DAYS: — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
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) UNKNOWN. 9

FATHER
13. NAME UNKNOWN. 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN. 9

MOTHER
15. MAIDEN NAME UNKNOWN. 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN.

17. INFORMANT (ADDRESS) THOS R. MADDEN. PUB ADM. CIVIL COURTS BLDG. ST LOUIS MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvery DATE 10-7-38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) MULLEN BROS 4259 LINDELL BLVD.

20. FILED OCT 7 1938 J F Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/18/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/17/38, 19 to 9/18/38, 19
I last saw him alive on 9/18/38, 19 Death is said to have occurred on the date stated above, at 10.20 p.m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Cerebral thrombosis

Date of onset

Other contributory causes of importance:
Central nervous System Syphilis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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?
If so, specify
(Signed) E J Weiss, M. D.
(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

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, ~~Rex C. Campbell~~, or by Raymond Mehrle ~~Registered Apprentice~~ License No. 3985, working under my personal supervision.

Signed Rex C. Campbell

Licensed Embalmer No. 3881

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.