

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

13046

Do not use this space.

1008

3388

REC'D MAY 10 1939

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1
 (b) Township St. Louis Primary Registration District No. City Hospital Registered No. 3388
 (c) City St. Louis (d) Street No. City Hospital 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.

2. PRINT FULL NAME

James Buddy or James Brady 630
 (a) Residence, No. No. Home St. XX (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>abt. 34</u>	MONTHS	DAYS <u>10</u>
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation <u>11</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>California</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
MOTHER	15. MAIDEN NAME <u>"</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
17. INFORMANT (ADDRESS) <u>City Hospital</u> <u>Children's Hosp.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kirksville, Mo</u> DATE <u>Apr 11 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Anatomical Board</u> <u>H. Richter</u>		
20. FILED <u>APR 11 1939</u> <u>J. B. Budick</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/28 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:15 m.
 The principal cause of death and related causes of importance were as follows:
1st 2nd 3rd Degree Burns of Face and right upper extremities
Time Place Cause and
Other contributory causes of importance:
Manner of same could not be determined

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 Open Date of injury Apr 19
 Where did injury occur? Unknown
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Unknown

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) Great M. J. J. J.
 (Address) Deputy Comm

WRITE CLEARLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state

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, or by Raymond E. Gerke, Registered Apprentice No. _____ working under my personal supervision.

Signed Raymond E. Gerke
City license #99 Licensed Embalmer No. 3985
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.