DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41759

Registration District No. 201 | Primary Registration District No. | Registrar's No. 10882

1. PLACE OF DEATH: 1103
(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7128 Vermont ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St. Louis 1
(If outside city or town limits, write "RURAL")
(d) Street No. 7128 Vermont ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Agnes Rosalie Budde 3-a
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 86 | Months | Days | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home 0
11. Industry or business
FATHER 12. Name Henry Budde 6
13. Birthplace (City, town, or county) Germany 1 (State or foreign country)
MOTHER 14. Maiden name Rosalie Wasserochuss
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant's own signature Mrs. Emma Balbach
(b) Address 5055 Tennessee ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director C. Hofmeister N-L Co.
(b) Address 7814 S. Broadway
19. (a) DEC 21 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20 year 1939 hour 4 minute a M.
21. I hereby certify that I attended the deceased from 7 1934, 19, to 12-20-, 1939; that I last saw her alive on 12-19-, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis, chronic	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address 6639 Oing Date signed 12-21-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S 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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.