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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26275

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1349

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Lemay (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 69 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Lemay (If outside city or town limits, write "RURAL")

(d) Street No. 1103 Lemay Ferry road (If rural, give location)

(e) If foreign born, how long in U. S. A.? xxxx years.

3. (a) PRINT FULL NAME BERNARD BUDDE 300

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

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 January (Month) 1 (Day) 1871 (Year)

8. AGE: Years 69 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Lemay Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Unemployed 6

11. Industry or business 6

FATHER
12. Name Bernard Budde
13. Birthplace Germany (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Katherine Steins
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Frank Budde

(b) Address 1103 Lemay Ferry rd., Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director C. Hoffmeister U & S Co.

(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) JUL 19 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1940 hour 4:00 minute P.M.M.

21. I hereby certify that I attended the deceased from April 22nd 1940 to July 18th 1940 that I last saw him alive on July 18th 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	Apr 1940
Due to Myocarditis	
Due to Cronic Interstitial Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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)

(e) While at work? (e) Means of injury 3

23. Signature James G. Reynolds (M.D. or other) D.C.

Address 7318 Michigan Ave. Date signed 7/19-40

(Licensed Embalmer's Statement on Reverse Side)

7318 Mich

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.