

S. No. 2
-1-4-41
. 5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12459

FILED MAY 13 1942

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 4238

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 3 Months. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3638 Juniata St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1942 hour 3 30 A.M. minute _____ M.
21. I hereby certify that I attended the deceased from 7 days
and that death occurred on the date and hour stated above
that I last saw him alive on May 11, 1942
Immediate cause of death metastasis Duration _____

3. (a) PRINT FULL NAME HENRY B. BUDE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Budde 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Sept. 20th 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 7 22 _____ hr. _____ min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation ATTORNEY

11. Industry or business _____

MOTHER FATHER

12. Name Henry Budde
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Laura Willoughby
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Laura Budde

(b) Address 3638 Juniata St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 42 (Month) (Day) (Year)

(c) Place: burial or cremation De Soto Mo.

18. (a) Signature of funeral director Thos. Hutcheson

(b) Address 2906 Gravois Ave.

19. (a) MAY 13 1942 (Date recorded by local registrar) (b) H. B. Budde (Registrar's signature)

Due to _____
Due to 121
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy no.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. D. Thompson (M. D. or other) _____
Address 107 53rd St. Date signed 5-13-42

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

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.....

David Van Fossan

Registered Apprentice No.....

working under my personal supervision.

Signed.....

David Van Fossan

Licensed Embalmer No.....

4242

P. O. Address.....

2906 Meville

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, fact should be so stated above.