

FILED SEP 18 1942
318

Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4946 Aldine Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Budde, Cardell Joyce

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 24th 1932
(Month) (Day) (Year)

8. AGE: Years 9 Months 10 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation School child

11. Industry or business _____

12. Name Carl L. Budde

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

14. Maiden name Adele Snider

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

16. (a) Informant Carl L. Budde

(b) Address 4946 Aldine Ave.

17. (a) Burial (b) Date thereof 9-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cemetery

18. (a) Signature of funeral director Kriegshauser Montuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 8 1942 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 7
year 42 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from 8-22-42
19____ to 9-7 1942
that I last saw her alive on 9-7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Active Rheumatic heart disease
to acute myocardial infarction

Due to No chr heart disease

Due to _____

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.

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? _____

23. Signature J. F. Barnett (M.D. or other) _____
Address 500 S Kingshighway Date signed 9-7-42

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 *Charles A. McNamee*

Licensed Embalmer No. *3024*

P. O. Address.....

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.