. No. 2
—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

28579

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 318 | Primary Registration District No. 1002 | Registrar's No. 7931

1. PLACE OF DEATH:

(a) County .....

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

(c) Name of hospital or institution: 2127 S Lynch St
(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17

(c) City or town St. Louis 236
(If outside city or town limits, write "RURAL")

(d) Street No. 2127 S Lynch St.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Frank Charles Budt

3. (b) If veteran, name war no.

3. (c) Social Security No 028-05-1120

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

6. (b) Name of husband or wife Mary Budt

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Oct. 9 1877 (Month) (Day) (Year)

8. AGE: Years 64 | Months 11 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Germany (State or foreign country)

10. Usual occupation Porter

11. Industry or business St. Louis Casket Co.

MOTHER FATHER

12. Name Frank Budt

13. Birthplace ..... (City, town, or county) Germany (State or foreign country)

MOTHER

14. Maiden name Henrietta Lammering

15. Birthplace ..... (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mary Budt

(b) Address 2127 S Lynch St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-42 (Month) (Day) (Year)

(c) Place: burial or cremation Central Cemetery

18. (a) Signature of funeral director Witt Bro. & Ale

(b) Address 2929 S. Jefferson Av.

19. (a) SEP 24 1942 (Date received local registrar) (b) J. F. Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24 year 1942 hour 5 minute 30 a. M.

21. I hereby certify that I attended the deceased from 4/30/42, 19..., to 9/24/42, 19...; that I last saw him alive on 9/24/42, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Oesophageal Haemorrhage	2 days
Due to: Oesophageal Obstruction	
Due to: Intrac Carcinoma?	
Other conditions (Include pregnancy within 3 months of death): General Carcinomatosis	
Major findings: Of operations: Lite unknown	
Of autopsy: 55	

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? no (Specify type of place)

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

23. Signature Paul B. Webb (M.D. or other) M.D.

Address 1920 Sidney Date signed 9/24/42

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 292980, Jeff

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.