

FILED NOV 30 1942

Registration District No.

Primary Registration District No. 200

Registrar's No. 2429

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Afton Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Box 157 R.R.# 14 /
(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 Missouri (b) County 96
(c) City or town Afton Missouri. 0
(If outside city or town limits, write "RURAL")
(d) Street No. Box 157-R-14.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT

FULL NAME Vincent Budrovich.

3. (b) If veteran,

name war _____

3. (c) Social Security

No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ivanka Budrovich. 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Feb 22 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 9 0 hr. min.

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

10. Usual occupation Real Estate Dealer

11. Industry or business

12. Name Ambrose Budrovich.
13. Birthplace Jugoslavia. (City, town, or county) (State or foreign country)
14. Maiden name Andreana Primi.
15. Birthplace Jugoslavia. (City, town, or county) (State or foreign country)

16. (a) Informant Ivanka Budrovich.
(b) Address Afton Mo.
17. (a) Burial (b) Date thereof 11/25/42.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Wood Park Cem.

18. (a) Signature of funeral director Wm E Maydell.
(b) Address 1926 Allen Aves.
19. (a) NOV 24 1942 (Date received for filing)
C. H. Mc Gowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22.
year 1942 hour 4:20 minute A. M.

21. I hereby certify that I attended the deceased from 4-10-42
to 11-22-42 1942
that I last saw h. im on 11-22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis 30 min
chronic arterio sclerosis year

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?

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Wm E Maydell (M. D. or other)
Address 748 Lemay Ferry Rd Date signed 11/23/42
Jessie, Mo

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

96
00

W

DEC 16 1942

DEC 7 - 1942

DEC 1 1942

FEB 9 1944

DEC 8 1942

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 me,

Registered Apprentice No. _____

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen

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.