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DOM-2.43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11943**
Registrar's No. **4184**

ED MAY 12 1943 **818**
Registration District No. _____

Primary Registration District No. **1003**

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

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:
4347 Forest Park Blvd.
(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 _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Magdalen Budde**

3. (b) If veteran, name war _____

3. (c) Social Security No. **none**

4. Sex **F**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Joseph Budde**

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

7. Birth date of deceased **October 29 1860**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	6	3	hr. _____ min.

9. Birthplace **Alton Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Invalid**

11. Industry or business _____

12. Name **Casper Joehl**

13. Birthplace **St. Paul Switzerland**
(City, town, or county) (State or foreign country)

14. Maiden name **Josephine Haemmerle**

15. Birthplace **St. Gual Switzerland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Mary Budde**

(b) Address **4347 Forest Park Blvd.**

17. (a) **Removal** (b) Date thereof **5/5/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Alton, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**

(b) Address **4700 Washington Blvd.**

19. (a) **MAY 5 1943** (b) **J. F. Buddek**
(Date received local registrar) (Registrar's signature)

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. **4347 Forest Park Blvd.**
(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 **2**
year **1943** hour **2** minute **30 a.m.**

21. I hereby certify that I attended the deceased from **Feb. 3rd.** 19**43** to **May 2nd.** 19**43**
that I last saw her alive on **April 30th.** 19**43**
and that death occurred on the date and hour stated above

Immediate cause of death **Myocardiosis**
Duration

Due to **Parkinson's 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? _____

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

23. Signature **J. F. Buddek** (M. D. or other) _____
Address **3720 Washington Blvd.** Date signed **5-3-43**

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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 *Henry M. Brammer*
Licensed Embalmer No. *4200*
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.