

No. 2
-1-4-41
5-17-39
X28399

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

15919

31 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 4 1943

Registration District No. 233

Primary Registration District No. 1003

1003

Registrar's No. 4641

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: 2221a Mullanphy St. /
(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 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 20/7
(d) Street No. 2221a Mullanphy St. (If rural, give location) 9
(e) Citizen of foreign country? yes (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1943 hour 7 minute 00 P.M.
21. I hereby certify that I attended the deceased from 5:45 P.M.
1943 to 5:10 1943
that I last saw him alive on 5:15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Cornary artery disease
Duration 5 mo.

Due to _____
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) _____
(c) Means of injury _____
3. Signature Chas. J. ... M.D. D. or other M.D.
Address 3500 N. Grand Date 5/18/43

3. (a) PRINT FULL NAME Joseph Budo

3. (b) If veteran name war World War 3. (c) Social Security No. 492-10-7052

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased November (Month) 19 (Day) 1899 (Year)

8. AGE: Years 43 Months 5 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation U.S. Patrolman

11. Industry or business Richard Budo

12. Name Richard Budo Germany 4

13. Birthplace Josephine Rujaewski (State or foreign country)

14. Maiden name Pozan Poland 11

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

16. (a) Informant Berniece Dalton Berniece Dalton
(b) Address 2221a Mullanphy St.

17. (a) Burial (b) Date thereof May 21, 1943
(Burial, cremation, or removal) National Cemetery (City or town) _____ (County) _____ (State) _____
(c) Place: burial or cremation General Funeral Home Inc.

18. (a) Signature of funeral director 2233-University Street
(b) Address 2233-University Street

19. (a) MAY 19 1943 (Date received local registrar) J.T. ... (Registrar's signature)

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

MOTHER FATHER

9414

Dr. Chas Jost
3606 N. Grand Blvd.

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

Edward J. Burkhardt

Licensed Embalmer No. *2502*

P. O. Address

Chapten MO

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.