

S.No. 2
12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6070**

FILED MAR 3 1948

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1763**

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:
1026 Geyer Av /
(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)

3. (a) PRINT FULL NAME **Phillip Budek**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Frieda** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **September 24 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 4 24 hr. min.

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

10. Usual occupation **Labor**

11. Industry or business.....

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown** 7
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** 10
(City, town, or county) (State or foreign country)

16. (a) Informant **Elmer Budek**
(b) Address **2330a Lemp Av**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2/21/47**
(Month) (Day) (Year)
(c) Place: burial or cremation **New S. S. Peter & Paul**

18. (a) Signature of funeral director **Wm. E. Boydell Funeral Home**
(b) Address **1926 Allen Av**

19. (a) **FEB 20 1947** (b) **J. F. Bredenk**
(Date received for certification) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County.....
(c) City or town **St Louis** **23 17**
(If outside city or town limits, write "RURAL")
(d) Street No. **1026 a Geyer Av** **9**
(If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **18**
year **1947** hour **6** minute **P** M.

21. I hereby certify that I attended the deceased from **9-15-46**
/ 19 **9-18-47** to **9-18-47** 19 **9-18-47**
that I last saw h **u** alive on **9-18-47** 19 **9-18-47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myo carditis** Duration **3 years**

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?

(Specify type of place) (e) Means of injury
While at work.....
23. Signature **John A. DeWitt** (M. D. or other) **MD**
Address **6840 E. Colby Ave** Date signed **2-20-47**

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 Bey L. Duncan

Licensed Embalmer No. 2272

P. O. Address 1925 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.