

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10619**

FILED APR 14 1947

Registrar's No. **3437**

Registration District No. _____

Primary Registration District No. _____

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:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County 999
(c) City or town Hartley 13
(If outside city or town limits, write "RURAL") NR
(d) Street No. none (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Anna Budy.

3. (b) If veteran, name war None
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Fred H. Budy.
6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased August 19, 1889.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 7 11 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Albert Wasem.

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

14. Maiden name Anna Haussem.

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

16. (a) Informant Mr. John Wasem.

(b) Address 1219 Arch Terrace.

17. (a) Removal (b) Date thereof 3-31-1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hartley, Iowa.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc

(b) Address 5966-68 Easton Avenue.

19. (a) 3-31-47 (b) J. J. Bures
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th.
year 1947 hour 10.20 minute P.M. M.

21. I hereby certify that I attended the deceased from Feb. 15, 1947 to March 30, 1947
that I last saw her alive on March 30, 1947, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Carcinomas

Due to Primary Carcinoma of gall bladder.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations Multiple Carcinomas
Of autopsy _____

Duration _____
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 _____

23. Signature Robert K. Smith (M. D. or other) 79.21
Address 916 Mo. Theat. Bldg Date signed 3/31/47

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

MOTHER FATHER

Dr. Dean Sauer.
Mo. Theatre Building.
Hours 1 to 4 P.M.
Jefferson 8038

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

John Ketter

Licensed Embalmer No. 3880

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.