

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9933

State File No. 1993

FILED MAR 19 1951

1993

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>40</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>4538 Kennerly</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATIE</u>		b. (Middle) <u>GEORGE</u>		c. (Last) <u>BUDD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 26 51</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>3-4-1898</u>	
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Nicholasville Ky.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jefferson Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Wake</u>		14. NAME OF HUSBAND OR WIFE <u>Gilbert Budd</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>B. Willoughby 4538 Kennerly</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u>						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>						1 year	
19a. DATE OF OPERATION _____						19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H/3X</u>			
22. I hereby certify that I attended the deceased from <u>1/31</u> , 19 <u>51</u> , to <u>2/26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/26</u> , 19 <u>51</u> , and that death occurred at <u>9:30p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J.R. Bradley D. M.D.</u>				23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>2/27/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-3-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 1 1951</u>		REGISTRAR'S SIGNATURE <u>J. P. Laster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Manuel</u>		ADDRESS <u>4059 Finney Av.</u>	

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*H. Claude Gordon*

Signed.....

Student Embalmer

Licensed Embalmer No. ....

*3489*

P. O. Address .....

*4575 Aldine*

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.