

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012394

FILED VS APR 5 1960

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STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G Phillips</b>		d. STREET ADDRESS <b>1018 Theobald</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>STEVE</b> a/k/a/ <b>Stephen Budaj</b> Middle <b>Walter</b> Last <b>BUDAY</b>		4. DATE OF DEATH Month <b>March</b> Day <b>21st</b> Year <b>1960</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/11/84</b>
9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired mill operator</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Czechoslovakia</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>John Buday</b>	13b. MOTHER'S MAIDEN NAME <b>Katherine Turcar</b>
14. NAME OF HUSBAND OR WIFE <b>Mary Buday</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>492-09-0448</b>
17. INFORMANT <b>Mary Buday, 1018 Theobald</b>		Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hemorrhage retroperitoneal right side 2000 cc. liquid and clotted blood.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>902.0</b>	
DUE TO (b) _____		DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (List disease condition given in PART I (a)) <b>la. dglu., while</b>		If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. PLACE OF INJURY (If not in home, give street, office, etc.) <b>yard of home at 1018 Theobald, ju March 21st 1960</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <b>3 21 60</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Yard - Home</b>	20f. CITY, TOWN, OR LOCATION <b>St. Louis Mo.</b>	COUNTY _____ STATE _____
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at <b>445 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22. SIGNATURE <b>Paul Simon</b> (Type or print) <b>Deputy Coroner</b> (Title)		22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>3/25/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>3/25/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>	
24. FUNERAL DIRECTOR <b>DIEDRICH FUNERAL HOME, 8319 Hallsferry</b>		25. DATE RECD. BY LOCAL REG. <b>MAR 24 1960</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4408

P. O. Address St Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.