# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-033099
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2399

FILED SEP 11 1962

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Pine Lawn
Length of stay in 1b: 3 Months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Shamrock Rest Home
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 5310 Devonshire
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First LENA Middle HELENA Last BUDDIN
4. DATE OF DEATH: Month Aug. Day 17 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-21-1870
9. AGE (last birthday): 92
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): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Joseph Hickel
13b. MOTHER'S MAIDEN NAME: Madelaine Unknown
14. NAME OF HUSBAND OR WIFE: Late John Buddin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Lillian Shanklin Address: 5310 Devonshire

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Combined Systolic & Neuropathy
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from May 14, 1962 to Aug 17, 1962 and last saw her alive on 8-17-62
Death occurred at 3:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Lewis Lillmann MD (Degree or title)
22b. ADDRESS: 8231 Clayton Rd (17)
22c. DATE SIGNED: 8/18/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 20, 1962
23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.
24. FUNERAL DIRECTOR: Kriegshauser ADDRESS: 4228 S. Kingshighway
25. DATE RECD. BY LOCAL REG.: 8-18-62
26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| 1 | 4036 | | |
| 2 | 21 | | 1/2 |
| 3 | | | |
| 4 | 1 | | |
| 5 | 2 | | |
| 6 | | | |
| 7 | 0 | | |
| 8 | 2 | | |
| 9 | 4200 | | |
| 10 | | | |
| 11 | | | |
| 12 | 86-0 | | |
| 13 | | | |

88

BY AFFIDAVIT OF / DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Lewis Littmann
8231 Clayton 9-11 Sat.

**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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R.W. Storzand
Signature of Student Embalmer

Licensed Embalmer No. 4007

P. O. Address St. Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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