WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22054

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6223

City ST. LOUIS (No. 4412 LACLEDE AVE. St. ..... Ward)

2. FULL NAME GEORGE BUDDEUS

(a) Residence. No. 4412 LACLEDE AVE St., 19 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF EMMA BUDDEUS

6. DATE OF BIRTH (MONTH, DAY AND YEAR) OCTOBER 7th 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	8	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work TEACHER

(b) General nature of industry, business, or establishment in which employed (or employer) PIANO

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

PARENTS

10. NAME OF FATHER THEOBALD BUDDEUS

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

12. MAIDEN NAME OF MOTHER LOUISE HIRTH

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

14. INFORMANT Walter Klett
(Address) 4412 Laclede ave

15. FILED JUN 11 1928, 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1928, to June 8, 1928 that I last saw h... alive on June 8, 1928, and that death occurred, on the date stated above, at 9 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Myocarditis, Chronic

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Tabes Dorsalis

(duration) 20 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? not known

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab. Eks.

(Signed) Andrew B. Jones, M. D

6/9, 1928 (Address) 415 Lister Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Crem

DATE OF BURIAL June 11 1928

20. UNDERTAKER C R Lupton

ADDRESS 4049 Olive

Lisker Bldg 3-3