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.

38686

1. PLACE OF DEATH

County..... Registration District No. 781

Township..... Primary Registration District No. 1003

City..... (No. 2738 a Armand Pl. St. ..... Ward)

File No.....

Registered No. 11313

2. FULL NAME Emilie S. Buder

(a) Residence. No. 2738 a Armand Pl. St., 23 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)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore C. Buder

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8 - 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	6	10	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Frederick O. Senn

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

12. MAIDEN NAME OF MOTHER Magdalena Fisher

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

14. INFORMANT Mr. F. Otto Senn
(Address) 2738 a Armand Pl.

15. FILED Nov 21 1928, 19.. Ray C. Tarlton Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 18 1928

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1927, to Nov 18, 1928, that I last saw he alive on Nov 18, 1928, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Vascular Nephritis
Chronic
131
112 (duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Cystitis
non Tubercular (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

O DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Ella S. Freeman M.D.

11/19, 1928 (Address) 2924 S. Grand Ave

*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 Missouri Crematory — DATE OF BURIAL Nov 21 1928

20. UNDERTAKER Hauch & Schmitt — ADDRESS 3732 S. Grand Ave