

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

Do not use this space.

27423

PLACE OF DEATH

County GASCONADE
Township _____
City Hermann (No. _____)

Registration District No. 303
Primary Registration District No. 4182

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Edward George Andrew Budnick

(a) Residence. No. _____ St. _____ 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 MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JAN-2-1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
28 7 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work LABORER
(b) General nature of industry, business, or establishment in which employed (or employer) Bridge Work
(c) Name of employer FOUNDATION Co

9. BIRTHPLACE (CITY OR TOWN) GASCONADE
(STATE OR COUNTRY) MISSOURI

10. NAME OF FATHER Andrew Budnick

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

12. MAIDEN NAME OF MOTHER ANNA REINHOLZ

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

14. INFORMANT Mrs Anna Budnick
(Address) Gasconade Mo

15. FILED 8-31 1929 Anna K. Rieckhoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 29th 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____, alive on _____, 19____, and that death occurred, on the date stated above, at 7:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental drowning
Verdict of jury, given at request held
August 30th 1929

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. Julius Liegenfelden, M. D.
, 19____ (Address) Hermann Mo

*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 St Georges Catholic Cemetery DATE OF BURIAL 9/1 1929

20. UNDERTAKER Herman Blumer ADDRESS Hermann Mo

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.

