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

Do not use this space.

37493

File No. .....

Registered No. 10165

1. PLACE OF DEATH

County ..... Registration District No. .....

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

City St Louis Mo. (No. Mo. Baptist Hosp. St. ..... Ward)

2. FULL NAME Mina Budde

(a) Residence, No. 48 Lewis Pl. St., 12 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 - 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 131

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 93

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 82

FATHER

13. NAME Geo. Klinksiek

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Charles Budde 48 Lewis Pl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Owensville Mo. DATE Nov 19 1932

19. UNDERTAKER (ADDRESS) Hy Leidner Und Co 1417 N. Market St.

20. FILED NOV 17 1932 Max C Stanley Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1932, to 11-16, 1932.

I last saw her alive on 11-16, 1932. Death is said to have occurred on the date stated above, at 3:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Chronic nephritis	?
131	

Other contributory causes of importance:

Left hemiplegia Apoplectic 11-14-32.

Name of operation none. Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify ✓

(Signed) James A. Forsen, M. D.

(Address) 3903 Olive St.

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2