

DEC 22 1934

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

Do not use this space.

39285

1. PLACE OF DEATH

County Jackson
Township
City Ind. Sp. San. (No. _____)

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 376
St. _____ Ward _____

2. FULL NAME

Pauline Louise Buddemeyer

(a) Residence, No. 206 So Cedar St., _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Otto Buddemeyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9/3/1879</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>2</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splinter, sawyer, bookkeeper, etc. <u>house wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Hermann (STATE OR COUNTRY) Missouri13. NAME Simon Huxal14. BIRTHPLACE (CITY OR TOWN) Hermann (STATE OR COUNTRY) Mo.15. MAIDEN NAME Caroline Kemper16. BIRTHPLACE (CITY OR TOWN) Hermann (STATE OR COUNTRY) Mo.17. INFORMANT P. Buddemeyer (ADDRESS) 206 So Cedar H.C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Wash Cem. DATE Nov 15 193419. UNDERTAKER Otto Mitchell (ADDRESS) Ind. Sp. San.20. FILED 11-15 1934 Ind. Sp. San. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 193422. I HEREBY CERTIFY, that I attended deceased from Nov 8 1934 to Nov-12 1934I last saw him alive on Nov 12 1934 Death is said to have occurred on the date stated above, at 10 A. m.

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

Date of onset

Cardiac Hypertrophy
with Cardiac dilatation

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1934Where 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? _____

If so, specify _____ (Signed) Independent, M. D.

