

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

*Dr. [Signature]*  
Do not use this space.

**FEB 19 1937**

**1. PLACE OF DEATH**

County St Charles Registration District No. 757 File No. 2797  
 Township [unclear] Primary Registration District No. 5998 Registered No. 19  
 City St Charles (No. St Charles Farm) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Wm Buddle  
 (a) Residence, No. St Charles Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Don't know

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17<sup>th</sup> 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 10 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2  
 10. Date deceased last worked at this occupation (month and year) 5 yrs 11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1

17. INFORMANT Mr. Elmer Schaub (ADDRESS) Westfall Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery 1/24 1937

19. UNDERTAKER Ch. E. Dallmeier & Son, Inc (ADDRESS) 200 W. 2<sup>nd</sup> St. St Charles Mo.

20. FILED 1/24 1937 Clarence H. Trester Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22<sup>nd</sup> 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1<sup>st</sup> 1936 to Jan 22<sup>nd</sup> 1937.  
 I last saw him alive on Jan 22<sup>nd</sup> 1937. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Essential Hypertension + Coronary Disease  
Simultaneous  
Generalized Arteriosclerosis

Other contributory causes of importance:  
Hemiplegia due to cerebral apoplexy  
Pressure Ulcer (Bed Sore)

Name of operation no Date of \_\_\_\_\_  
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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 no  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) R. [Signature], M. D.  
 (Address) St Charles 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.

