

DEC 28 1937

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

Do not use this space.

42447

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township Clayton Primary Registration District No. 6038a
City Clayton (No. St. Louis County Hospital) St. _____ Ward _____

File No. _____
Registered No. 424

2. FULL NAME

Fred Buddensick

(a) Residence, No. 6428 Wellsmar, Wellston, Mo. 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 married
(Divorced, use the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-11-1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 0 3

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.13. NAME Wm. Buddensick14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Caroline Wipke16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Mrs. Anna Buddensick
(ADDRESS) 6428 Wellsmar Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Municipal Park Cemetery DATE December 16, 1937

19. UNDERTAKER Geo. L. Pleitsch, Inc.
(ADDRESS) 5966 Eastern Ave.20. FILED 11/16 1937 D. J. Siquorelli
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14-37, 193722. I HEREBY CERTIFY, That I attended deceased from 11-11-37, 1937, to 11-14-37, 1937.I last saw him alive on 11-14-37, 1937. Death is saidto have occurred on the date stated above, at 8:45 A.M.

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

Uremia
Cerebral edema
Ascites & pleurisy
of kidneys
Date of onset _____

Other contributory causes of importance:

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 _____, 1937.

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?

If so, specify _____

(Signed) C. J. Siquorelli, M. D.(Address) St. Louis County Hosp

95B2

SECRET
NOV 1954

MEMORANDUM FOR THE DIRECTOR
SUBJECT: [Illegible]

TO: SAC, [Illegible]

FROM: [Illegible]

RE: [Illegible]

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

42449

Do not use this space.

1. PLACE OF DEATH *St Louis*
- (a) County *St Louis* Registration District No. *790*
- (b) Township *Clayton* Primary Registration District No. *6033a* Registered No. _____
- (c) City *Clayton* (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *Fred Buddensiek*
- (a) Residence, No. _____ St. (If nonresident, give city or town and State)
- (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *m*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- 65- 0 3*
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

- FATHER 13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

- MOTHER 15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-14-1937*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
- I last saw h. _____ alive on _____, 19____. 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:

*Myocardial - the myohard
arterial sclerosis of
arteries + sclerosis of kidneys*

Date of onset *?? 1929*

- Other contributory causes of importance: *131*

- 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 _____, 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? _____
- If so, specify _____
- (Signed) *A. P. Buddensiek*, M. D.
(Address) *St Louis C. Corp*

