REC'D DEC 19 1938

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

39121
Do not use this space.

1. PLACE OF DEATH
(a) County Gasconade — Registration District No. 303
(b) Township Roark — Primary Registration District No. 5420 — Registered No.
(c) City — (d) Street No. — St.
(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 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 352 ANNA ALVINA BUDNIK
(a) Residence, No. GASCONADE COUNTY St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 2. 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	65	0	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HWF
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) 11-3-38
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WARREN CO., MO

FATHER
13. NAME AUGUST REINHOLZ
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME ALVINA FREESE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BERGER MO

17. INFORMANT (ADDRESS) ANDY BUDNIK HERMANN, MO RFD

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST. GEORGE Cem. DATE 11-20-38

19. FUNERAL DIRECTOR (ADDRESS) HUGO H. BLUMER HERMANN, MO

20. FILED 11-18 1938 Anna K. Rieckhoff. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1938, to Nov-17 1938
I last saw her alive on Nov- 16 1938 Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumania	11-10-38

1072

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Sputum — 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?
If so, specify
(Signed) J. H. Langhull, M. D.
(Address) Hermann Mo 274

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, HUGO H. BLUMER, Licensed Embalmer No. 3160

hereby certify that the body recorded on the reverse side of this certificate was embalmed by HUGO H. BLUMER

L. E.

No. 3160 or by , Registered Apprentice No.

working under my personal supervision.

Signed Hugo H. Blumer

Licensed Embalmer No. 3160

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)