

30 1939

REC'D FEB 7 1939

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

3847
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township St. Louis Primary Registration District No. 207 Registered No. 176
(c) City St. Louis (d) Street No. Our Lady of Good Counsel Home St. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Josephine Budde

(a) Residence, No. 2666 California Avenue St. St. Louis
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1. 1850.

7. AGE YEARS 88 MONTHS 2 DAYS 27 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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) Germany

13. NAME John Leutenmayer.

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

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT (ADDRESS) Charles J. Budde
2666 California

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Ills. DATE Feb. 1. 1939.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. Budde & Co
2630 Gravois Avenue

20. FILED JAN 30 1939 Local Registrar. (Address) 3718 Jennings, St. Louis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28. 1939.

22. I HEREBY CERTIFY, That I attended deceased from 1/31/36 to 1/28/39
I last saw her alive on 1/26/39 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy left side with complete hemiplegia rt.
Chr. Interstitial nephritis.
Chr. Myo-carditis
Chr. Arteriosclerosis.
Entered Mother of Good Counsel Home in 1936

Other contributory causes of importance:
Uremia-Uremic coma. Date of onset 4 mo.

Extreme senility-Died in the Home of Incurables at the age of 88 yrs.
Name of operation None. Date of --

What test confirmed diagnosis? Clinical, History & Lab. Was there an autopsy? no.

23. If death was from 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 DR. J. B. Johnson, M.D. (Signed) J. B. Johnson, M.D. M. D.

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.

1/30/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.