

NOV 13 1939  
Registration District No. 1003

Primary Registration District No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_ /  
 (b) City or town St Louis, Missouri /  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Sanitarium  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 yrs. 11 Mos.  
5 days (Specify whether  
 In this community 56 yrs. 9 mos. 17 days  
 years, months or days)

8. (a) PRINT FULL NAME Nellie Budke 3208. (b) If veteran, name war No 8. (c) Social Security No. No4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 10, 1882  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
56 9 19 hr. min.9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Stenographer11. Industry or business United Railway12. Name Henry Budke13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Anna Brauer15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature L. Plegendorf(b) Address City Sanitarium17. (a) Burial (b) Date thereof 10/12/39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St Peter Paul18. (a) Signature of funeral director Walter H. ...(b) Address 4259 ...19. (a) OCT 1 1939 (b) [Signature]  
(Date received at registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_ /  
 (c) City or town St. Louis 18  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4316 Manchester Ave  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29  
year 1939 hour 2:00 p. M. minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from 7-1-39  
9-29-39, 19\_\_\_\_, to 9-29-39, 19\_\_\_\_;  
that I last saw her alive on 9-29-39, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Pulmonary Tuberculosis  
(onset 7-39-x)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_Of autopsy No

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_Address City Sanitarium Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

**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

*Howard F. Rowland*

Licensed Embalmer No.

*3114*

P. O. Address

*Othello*

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

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