No. 2
4-13-40
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FILED AUG 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26282

State File No.

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 1414

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis 2

(b) City or town Maplewood 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Maplewood Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5455 Delmar
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Bertha Budde Sasse 2 M

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept. (Month) 1 (Day) 1871 (Year)

8. AGE: Years 68 Months 10 Days 27 If less than one day hr. min.

9. Birthplace New Meridon (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Housewife 6

11. Industry or business

FATHER
12. Name Ernest Budde 6
13. Birthplace (City, town, or county) Germany (State or foreign country) 1

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Edward W. Sasse
(b) Address St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-40 (Month) (Day) (Year)
(c) Place: burial or cremation Brunswick, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JUL 29 1940 (Date received local registrar) (b) T R Meyer MD Drl H (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from October, 1938, to July, 1940
that I last saw her alive on July 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic

Due to Arteriosclerosis

Due to

Other conditions — 93c
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? 707 (Specify type of place)
While at work? (e) Means of injury —

23. Signature George Kindlen (M. D. or other) MD
Address 812 Pelham St. Date signed July 29/40

(Licensed Embalmer's Statement on Reverse Side)

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 Albert E Hoppe

Licensed Embalmer No. 2971

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.