No. 2
-4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 927

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 927

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3846 Lafayette Ave. (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 080

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 177

(d) Street No. 3846 Lafayette Ave. (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lillie Buder

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Wm. F. Buder

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 25, 1872 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	10	2	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Fred Wagner
13. Birthplace 4 Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace 4 Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Wm. Buder

(b) Address 3846 Lafayette Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29/41 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cm.

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) JAN 28 1941 (Date received local registrar) (b) J. N. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27 year 1941 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 1939, 19 to Jan 27, 1941; that I last saw her alive on Jan 26, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio Vascular Renal Dis.	1 1/2 yrs
Due to: Arterio Sclerosis	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death): Hypostatic Pneumonia unspecified	4 days
Major findings: Of operations: nor	
Of autopsy: nor	

131a

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) no

(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature G. E. Jones (M. D. or other)

Address 2202 S. Broadway Date signed 1/28/41

(Licensed Embalmer's Statement on Reverse Side)

Dr Coleman

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 Harry A Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.