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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30329

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7668

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

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: 5008 Lindenwood 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 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17 9

(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")

(d) Street No. 5008 Lindenwood Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Harry M. Buddie

3. (b) If veteran, name war NAVY

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ruth Mo. Buddie

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Oct. (Month) 21st (Day) 1898 (Year)

8. AGE: Years 42 Months 11 Days 1 If less than one day hr. min.

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

10. Usual occupation Mechanic

11. Industry or business

FATHER
12. Name Clarence Buddie
13. Birthplace Memphis Tennessee (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Cora Bybee
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Ruth M. Buddie
(b) Address 5008 Lindenwood Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 23 1941 (Date received local registrar) (b) J. P. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd year 1941 hour 7:15 minute P.M. M.

21. I hereby certify that I attended the deceased from about Jan 1, 1938, 19 to Sept 22, 1941 that I last saw him alive on Sept 22, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pituitary Cyst ~~[illegible]~~ non-malignant — Duration 3 years

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations as above

Of autopsy None

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

23. Signature [illegible] (M. D. or other)
Address Humboldt Bldg Date signed 9/23/41

(Licensed Embalmer's Statement on Reverse Side)

OCT 2 0 1941

Humboldt Bldg 1-3

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 Reinhold K Lehrmann

Licensed Embalmer No. 3395

P. O. Address _____

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

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