

FILED JAN 21 1946
318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(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: St. Louis City Hospital - Max C. Starkloff Memorial
(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

3. (a) PRINT FULL NAME JOHN BUDRES; BUDRES
3. (b) If veteran, name war _____ **3. (c)** Social Security No. 489-05-2918

4. Sex Male **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 _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
About 53 hr. _____ min.

9. Birthplace Lithuania (City, town, or county) _____ (State or foreign country) X
10. Usual occupation Moulder

11. Industry or business _____
12. Name John Budres
13. Birthplace Lithuania (City, town, or county) _____ (State or foreign country) 8
14. Maiden name Annie Machila
15. Birthplace Lithuania (City, town, or county) _____ (State or foreign country) 8

16. (a) Informant Joseph Budres
(b) Address 7017 S. Broadway

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 1/10/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave.

19. (a) JAN 9 1946 (Date received local registrar) J. Budres (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
Street No. 7017 S. Broadway (If rural, give location)
(d) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 7th
year 1946 hour 1:00 minute P M.
21. I hereby certify that I attended the deceased from 12/29/45
_____ 19____ to _____ 19____
that I last saw him alive on 1/7/46 _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cor. Pulmonale
Due to PNEUMOCOCCOSIS
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____

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)
(c) Means of injury _____
23. Signature John J. Fawcett 1/7/46 D. or other) _____
Address _____ Date signed 1-8-46

(Licensed Embalmer's Statement on Reverse Side)

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

2349

MOTHER FATHER

000
117
9
0

Duration
3 weeks
? years
95

STATEMENT BY LICENSED EMBALMER

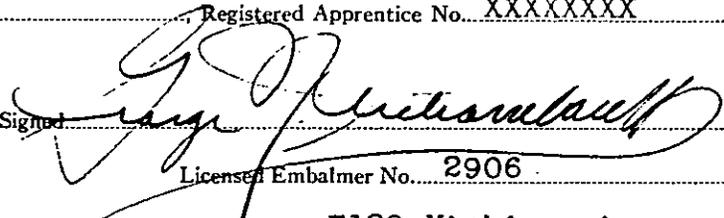
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXXXXXXX**

working under my personal supervision.

Signed


Licensed Embalmer No. **2906**

P. O. Address **7128 Michigan Ave.**

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, fact should be so stated above.