S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 88435

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10288

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Johns Hospital 0
(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)

Infant

3. (a) PRINT FULL NAME Baby Budke

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 28th. (Day) 1946 (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name William Budke 0
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elinor Shoffner
15. Birthplace St. Louis, MO. (City, town, or county) 0 (State or foreign country)

16. (a) Informant William Budke
(b) Address 4646 Kennerly Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/46 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director Sullivan Funeral Dir.
(b) Address 2849 North Euclid Ave.

19. (a) DEC 2 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 1117
(If outside city or town limits, write "RURAL")

(d) Street No. 4646 Kennerly Ave. 7
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 30th.
year 1946 hour 9.20 minute P.M.

21. I hereby certify that I attended the deceased from Nov. 28, 1946 to Nov. 30, 1946
that I last saw him alive on Nov 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Congenital Heart

Due to Disease

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 157

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? 0
(Specify type of place)

While at work (e) Means of injury

23. Signature Ellsworth Kneal M.D. (M. D. or other)
Address 7250 Skinker Date signed 11/30

(Licensed Embalmer's Statement on Reverse Side)

DR. Henry J. Ringo

Missouri Theatre Bldg.

JE. 9262

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 Robert L. Brunkman

Licensed Embalmer No. 3553

P. O. Address.....

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.