

STANDARD CERTIFICATE OF DEATH

13639

State File No.

No. 300

10.48

#96442

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3499	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 1829 So. 11th Street			
3. NAME OF DECEASED (Type or Print) a. (First) BEN b. (Middle) _____ c. (Last) BUDDEMEYER			4. DATE OF DEATH (Month) (Day) (Year) April 17, 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-4-1870		9. AGE (In years, months, birthday) 78	IF UNDER 1 YEAR Month 5 Day 13	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day work		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Buddemeyer			13b. MOTHER'S MAIDEN NAME Aukinson		14. NAME OF HUSBAND OR WIFE / Deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Henry Buddemeyer ADDRESS Creve Coeur Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforated appendix & peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Conduction System Disease Grade II					INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 4/8/49 , 19____, to 4/17/49 , 19____, that I last saw the deceased alive on 4/27/49 , 19____, and that death occurred at 7:50pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. B. Sasser				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 4/18/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-19-49	24c. NAME OF CEMETERY OR CREMATORY St. Johns		24d. LOCATION (City, town, or county) (State) Berger Missouri		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 18 1949 J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul Blumer Berger Missouri					

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ellen R. H. Remelius

Licensed Embalmer No. 4283

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.