No. 300
10.48

FILED NOV 10 1949
#91411

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34982

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9374

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 12 - 4800 Washington

3. NAME OF DECEASED (Type or Print)
a. (First): OLIVER
b. (Middle): L.
c. (Last): BUDDENBERG~~ER~~

4. DATE OF DEATH (Month) (Day) (Year): Oct. 29th, 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Nov. 27, 1877
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector
10b. KIND OF BUSINESS OR INDUSTRY: Emerson
11. BIRTHPLACE (State or foreign country): Dalton Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Oliver L. Buddenberg
13b. MOTHER'S MAIDEN NAME: Carrie W. Sassee
14. NAME OF HUSBAND OR WIFE: _____

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.: 439-05-6159
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Grover Sparks 1010 W. Big Bend

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Interventricular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardiovascular Disease — 5-10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

443X

22. *I hereby certify that I attended the deceased from* 10/22/49, 19__, *to* 10/29/49, 19__, *that I last saw the deceased alive on* 10/29/49, 19__, *and that death occurred at* 11:00am *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. E. Taylor (Degree or title): MD
23b. ADDRESS: 1515 Lafayette Ave.
23c. DATE SIGNED: 10/31/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 1, 1949
24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cem.
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: OCT 31 1949
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Alexander & Sons 6175 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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

Final Disposition Certificate

OCT 31 1949

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.....

Licensed Embalmer No.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 34982-49
Local Registrar's No. 9374

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Oliver L. Buddenberg ~~born~~ died 10-29-1949, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3 should read Oliver L. Buddenberg
Instead of Oliver L. Buddenberger

Item No. 13a should read ~~xxxxxxxxx~~
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant William B. Alexander Fun. Direc
Relationship.

6175 Delmar
Present Address.

Subscribed and sworn to before me this 18 day of Nov., 1949

My Commission expires 3-4-53 Ewa C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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