

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28098

1003 State File No. 7448
Registrar's No.

FILED SEP 1 1951

318

BIRTH NO. 55623-51 REG. DIST. NO. PRIMARY REG. DIST. NO.

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 town or town St. Louis, Missouri)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		26 STREET ADDRESS (If rural, give location) 1818 N. 9th. St 0	

3. NAME OF DECEASED (Type or Print) a. (First) BEVERLY b. (Middle) Jean c. (Last) BUDREAU		4. DATE OF DEATH (Month) (Day) (Year) AUGUST 21 1951	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH August 4-1951
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? C	

13a. FATHER'S NAME Leonard Budreau	13b. MOTHER'S MAIDEN NAME Jean Yamusk	14. NAME OF HUSBAND OR WIFE
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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. no	17. INFORMANT'S SIGNATURE OR NAME Leonard Budreau	ADDRESS 1818 N. 9th. St
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>chronic pneumonia</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 762.0

22. I hereby certify that I attended the deceased from 8-19-51, 19__, to 8-21-51, 19__, that I last saw the deceased alive on 8-21-51, 19__, and that death occurred at 12:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Robert L. Korn M.D.</i>	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 8-21-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug, 22-1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. AUG 21 1951	REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE Leidner U.	ADDRESS 2223 St. Louis Ave.
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *John P. Buchholz*

Licensed Embalmer No. *1074*

P. O. Address *2223 St. Louis 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.