S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26179

State File No.

FILED JUL 31 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6471

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
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 Anthony,s Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 23 1812 S 13th Stteet 2239

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Joseph
c. (Last): Budarek

4. DATE OF DEATH (Month) June (Day) 28 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 17 1892
9. AGE (In years last birthday): 60 — 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): Furniture Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Furniture
11. BIRTHPLACE (City and State or Foreign Country): Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME: Hynek Budarek
13b. MOTHER'S MAIDEN NAME: Marie ?
14. NAME OF HUSBAND OR WIFE: Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Rose Budarek 1812 s 13th Street

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) Atelectasis both lungs — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Tracheobronchitis — 2 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bladder stone — 6 mon.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Benign hypertrophy prostate. Bladder stone.
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? 501X

22. *I hereby certify that I attended the deceased from* 6-8, 1953, *to* 6-28, 1953, *that I last saw the deceased alive on* 6-28, 1953, *and that death occurred at* 1:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Eugene H. Edelle (Degree or title) MD
23b. ADDRESS: 4971 Chippewa St.
23c. DATE SIGNED: 6-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/1/53
24c. NAME OF CEMETERY OR CREMATORY: S S Peter & Paul Cem
24d. LOCATION (City, town, or county) (State): St Louis Missouri

DATE REC'D BY LOCAL REG.: JUN 29 1953
REGISTRAR'S SIGNATURE: J Carl Smith MD
MDB
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Moydell Funeral Home 1926 Allen Av
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred J. Farmer

Licensed Embalmer No. 478

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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 Missouri } ss.
City of St. Louis }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 26179
Local Registrar's No. 6471

On this 28th day of July, 1953, before me appears Moydell Funeral Home, Undtk., who, upon his oath, states that the original record of ~~born~~ death for John Joseph Budarek died June 28th, 1953, in the State of Missouri, and which was filed at St. Louis, Mo. on June 29, 1953, should be corrected as follows:

Item No. 8 should read Oct. 17-1892
Instead of Oct. 17-1891

Item No. 9 should read 60 yrs.
Instead of 61 yrs.

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 Moydell Funeral Home undtk.
Reinhold R. Lohmann Relationship.

1926 Allen Ave., St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 28th day of July, 1953.

My Commission expires 3-4-57 Ella C. Piddock Notary Public.