No. 300
10.48

FILED APR 12 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8208

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY Franklin.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington.
c. LENGTH OF STAY (in this place) 61 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) W. 2nd St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri. b. COUNTY Franklin.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington. 0362 0
d. STREET ADDRESS (If rural, give location) Wn. 2nd St.

3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) O. c. (Last) Buddemeyer

4. DATE OF DEATH (Month) Apr. (Day) 6th, (Year) 1954.

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0
8. DATE OF BIRTH June 15th, 1892.
9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months 9 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.
10b. KIND OF BUSINESS OR INDUSTRY R.R. Block service.
11. BIRTHPLACE (City and State or Foreign Country) Washington, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Herman Buddemeyer.
13b. MOTHER'S MAIDEN NAME Dorthea Brune.
14. NAME OF HUSBAND OR WIFE None.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) World War No. 1
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Emil Buddemeyer ADDRESS Jefferson City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion a [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, aortic stenosis [illegible]
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr. alcoholism

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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?

22. *I hereby certify that I attended the deceased from* Dec 8, 1953, *to* April 2, 1954, *that I last saw the deceased alive on* April, 1954, *and that death occurred at* 5:15P. *m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) 0 M.D.
23b. ADDRESS 905 Elm Washington Mo.
23c. DATE SIGNED 4-7-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 9, 1954
24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery.
24d. LOCATION (City, town, or county) Washington, (State) Mo.

DATE REC'D BY LOCAL REG. Apr. 8, 1954
REGISTRAR'S SIGNATURE F.P. Hudman by F.P. Hudman Jr. 99-0
25. FUNERAL DIRECTOR'S SIGNATURE Nieburg & Vitt, Inc. ADDRESS Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 14

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 A. L. Nieburg

Licensed Embalmer No. 2387

P. O. Address Washington, Mo

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.