

DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033624

FILED VS SEP 29 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2-8582**

UNRECORDED

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, give TOWNSHIP only) OR TOWN St. Louis	Length of stay in 1b 53 yrs	c. CITY OR TOWN St. Louis	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2823 Hampton Avenue		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2823 Hampton Avenue

3. NAME OF DECEASED (Type or print) First CONSTANTINE Middle K. Last BUDE	4. DATE OF DEATH Month Sept. Day 14, Year 1959
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5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/30/1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) owner	10b. KIND OF BUSINESS OR INDUSTRY clothing cleaning, pressing,	11. BIRTHPLACE (City and state or country) Greece	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Kereakos Bude	13b. MOTHER'S MAIDEN NAME Madalene Gettas	14. NAME OF HUSBAND OR WIFE Margaret Schain
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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. 491-18-8184	17. INFORMANT Mrs. Margaret Bude, 2823 Hampton Avenue
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH Chronic Chronic
IMMEDIATE CAUSE (a)	Chronic Myocarditis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Chronic Bronchial Asthma	
DUE TO (b)	241X	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from **July 14, 59** to **Sept 14, 59** and last saw ^{her}him alive on **Sept 13, 59**
Death occurred at **8:20 P M** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jay C. Ruppas M.D.	(Degree or title)	22b. ADDRESS 7702 Irving Ave.	22c. DATE SIGNED 9/16/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 9/18/59	23c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery	23d. LOCATION (City, town, or county) St. Louis County, Missouri
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24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC. 1936 St. Louis Ave	ADDRESS	25. DATE RECD. BY LOCAL REG. SEP 17 59	26. REGISTRAR'S SIGNATURE Earl Smith. M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. 45-20
P. O. Address *[Handwritten 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.