

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35537

FILED NOV 10 1949

State File No. 1003 9414

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Baptist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4952 Aldine Place</u>					
3. NAME OF DECEASED (Type or Print) / a. (First) <u>Amanda</u>		b. (Middle) <u>---</u>		c. (Last) <u>Salzwedel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30, 1949</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Feb. 8, 1873</u>			
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Red Bud, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Ernest H. Budde</u>			13b. MOTHER'S MAIDEN NAME <u>Charlotte Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Rev. William Salzwedel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Anna Salzwedel - 4952 Aldine Pl.</u>					
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) <u>Carcinoma of colon</u>								<u>?</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION <u>10-29-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of ileocecal junction</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>Hb</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>152X</u>					
22. I hereby certify that I attended the deceased from <u>July 7, 1949, to October 30, 1949</u> , that I last saw the deceased alive on <u>10-30, 1949</u> , and that death occurred at <u>9:50 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. H. Felber M.P.U.</u> (Degree or title)				23b. ADDRESS <u>2807 N. Grand</u>		23c. DATE SIGNED <u>11-1-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11/2/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Warrenton City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Warrenton, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>NOV 1 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Laster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral - 1905 Union Blvd.</u>					

Dr. H. H. Feller ( 11-1 )  
2807 N. Grand

**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 Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address H. Sou.

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.