

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21411

State File No. 5504

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's 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 OR TOWN Saint Louis)		c. LENGTH OF STAY (In this place) 27 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2109			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4320 Penrose Street				10. STREET ADDRESS (If rural, give location) 10 4320 Penrose Street 0			
3. NAME OF DECEASED (Type or Print) a. (First) Caroline		b. (Middle) _____		c. (Last) Budde		4. DATE OF DEATH (Month) (Day) (Year) June 22nd, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Nov. 25th, 1867	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 6 Days 27		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Fred Wulfert		13b. MOTHER'S MAIDEN NAME Hemann	
14. NAME OF HUSBAND OR WIFE Late August G. Budde				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME George H. Budde, 4320 Penrose Street				18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Chronic Valvular Heart Disease				II. OTHER SIGNIFICANT CONDITIONS			
ANTECEDENT CAUSES				Conditions contributing to the death but not related to the disease or condition causing death.			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Atherosclerosis			
DUE TO (c) Sclerosis							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR H.S.I.H	
22. I hereby certify that I attended the deceased from Feb. 28, 1950 , to June 22, 1950 , that I last saw the deceased alive on June 21, 1950 , and that death occurred at 8:05 P.m. (from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) Robert J. Rigler M.D.		23b. ADDRESS 4158 Newstead Av.	
23c. DATE SIGNED 6/24/50				24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 6/24/50	
24c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. JUN 24 1950				REGISTRAR'S SIGNATURE J. B. Parater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.	

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

No 1111
Between 8:00 & 9:00 am
Saturday

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 John A. Merriar
Licensed Embalmer No. 4/86
P. O. Address St. Louis, 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.