

FILED JUN 7 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18496

State File No. ....

318

1003

Registrar's No. 4516

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. CITY, OR TOWN <b>Richmond Heights D</b>	b. COUNTY <b>St. Louis</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>7579 Dale Avenue,</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>FREDERICK</b>	b. (Middle) <b>W.</b>	c. (Last) <b>BUDDE</b>	(Month) (Day) (Year) <b>May 10th, 1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 31st, 1879</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Insurance Agt.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Prudential Ins. Co. St. Louis, Missouri</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>
13a. FATHER'S NAME <b>Frederick W. Budde</b>		13b. MOTHER'S MAIDEN NAME <b>Charlotte Feldman</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Budde nee Reck</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Irma Budde, 7579 Dale Avenue, 17.</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombus.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 Mo.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b> DUE TO (c) <b>332x</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pyelonephritis, Bronchopneumonia</b>		<b>2 wks.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from April, 1957, to May 10, 1957, that I last saw the deceased alive on May 9, 1957, and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE <b>Paul Knappier Webb</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>721 Olive St. St. Louis Mo</b>	23c. DATE SIGNED <b>5-11-57</b>
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>5/13/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>

DATE REC'D BY LOCAL REG. <b>MAY 13 '57</b>	REGISTRAR'S SIGNATURE <b>Earl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CALVIN F. FEUTZ, 4828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis, 15, Missouri.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Hours 3:00PM to 5:30 PM  
Saturday Sure  
File in City

**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 *Raymond E. Jensen* .....

Licensed Embalmer No. 4273

P. O. Address *St. Louis*

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.