

318 Primary Registration District No. 1003 Registrar's No. 1860

STATE FILE NUMBER

AMENDED

Registration District No. 318  
 FILED VS MAR 7 1961

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in lb <b>20 hrs.</b>	c. CITY OR TOWN <b>Kennett</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>711 S. Main</b>	
3. NAME OF DECEASED (Type or print) First <b>Alvina</b> Middle <b>Louise</b> Last <b>Budde</b>			4. DATE OF DEATH Month <b>2</b> Day <b>23</b> Year <b>61</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/9/73</b>	9. AGE (last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Forelady - Ret.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dry Goods</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			13a. FATHER'S NAME <b>Frederick Wm. Budde</b>		
13b. MOTHER'S MAIDEN NAME <b>Charlotte Flachmeier</b>			14. NAME OF HUSBAND OR WIFE <b>- -</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>			17. INFORMANT Address <b>Miss Irma Budde, 7612 Lovella</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Fracture of hip, suffered in fall in home on Feb. 17th, 1961, at Kennett Mo.; Hemorrhage and**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 DUE TO (b) **fracture of ribs and sternum, suffered while being conveyed in ambulance that was involved in a collision with another car, in vicinity of Farmington, Mo. on Feb. 22, 1961. Cause and manner cause not be determined OPEN VERDICT**  
 DUE TO (c) **OPEN VERDICT**  
 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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <b>See above</b>	
20c. TIME OF INJURY Hour <b>2</b> a.m. <b>22</b> p.m. <b>61</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>65 street</b>		20f. CITY, TOWN, OR LOCATION <b>Farmington Mo</b>	
21. I attended the deceased from <b>7:35</b> to <b>a</b> and last saw her/him alive on <b>the date stated above, and to the best of my knowledge, from the causes stated.</b>			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <b>1300 Elbert</b>	
22c. DATE SIGNED <b>2-24-61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>2/25/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bethany Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>
24. FUNERAL DIRECTOR <b>Drehmann-Harral</b>		25. DATE RECD. BY LOCAL REG. <b>FEB 24 1961</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. 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.