

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046134

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12297 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b Adult life c. CITY OR TOWN St. Louis Inside Limits Yes X No 0 d. STREET ADDRESS (If outside, give location) 7052 Winona Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM FRED BUDKE 4. DATE OF DEATH Month Day Year December 28 1961

5. SEX M 6. COLOR OR RACE W 7. Married X Never Married 0 Widowed 0 Divorced 0 8. DATE OF BIRTH 3-22-1876 9. AGE (last birthday) 85 IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory tool man (retired) 10b. KIND OF BUSINESS OR INDUSTRY Century Electric 11. BIRTHPLACE (City and state or country) Germany 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Frederich Budke 13b. MOTHER'S MAIDEN NAME (unknown) 14. NAME OF HUSBAND OR WIFE Christina Budke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT Address Mrs. Walter Bilzing 7052 Winona, St. Louis

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis (b) Arterio Sclerosis (c) 420.1 INTERVAL BETWEEN ONSET AND DEATH 6 days 4 years

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 NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-22-61 to 12-28-61 and last saw him alive on 12-27-61 Death occurred at 7:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm. R. Gunn M.D. (Degree or title) 22b. ADDRESS 3209 S. Grand St. 22c. DATE SIGNED 12-29-67

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Dec. 30, 1961 23c. NAME OF CEMETERY OR CREMATORY Memorial Park 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS HOFFMEISTER COLONIAL MORTUARY 6464 Chippewa, St. Louis 25. DATE RECD. BY LOCAL REG. DEC 29 1961 26. REGISTRAR'S SIGNATURE Earl Smith M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 *Lee C. Hanson*

Licensed Embalmer No. 4764
P. O. Address *S. Lewis*

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.