

FILED MAY 14 1947  
318

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3714 Olive Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 5 yrs

3. (a) PRINT FULL NAME Alexander BUDERMAN *(Buderman)*

3. (b) If veteran, name war No

3. (c) Social Security No. 218-09-0463

4. Sex male 5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Helen Buderman

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased About July 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

ab. 70 hr. \_\_\_\_\_ /min.

9. Birthplace USSR  
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor

11. Industry or business \_\_\_\_\_

MOTHER: FATHER: { 12. Name Jacob Koppel

13. Birthplace USSR  
(City, town, or county) (State or foreign country)

14. Maiden name Annie (unk)

15. Birthplace USSR  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Betty Marks

(b) Address 1409 St. Louis E. St. L, I

17. (a) burial (b) Date thereof 5/6/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham Hag

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) MAY 6 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. Lincoln Hotel - 2226 Olive  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1947 hour 10 minute 30 A.

21. I hereby certify that I attended the deceased from Mar 31, 1947 to May 5, 1947; that I last saw him alive on April 28, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 10 minutes

Due to generalized arteriosclerosis many years

Due to hypertension many years

Other conditions Arteriosclerosis Cardis many years  
(Include pregnancy within 3 months of death) ocular disease years

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature Joseph Magdon (M. D. or other) M.D.

Address St. Louis Date signed 5-5-47

MAY 16 1987

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Henry A. Rudwig*  
Licensed Embalmer No. *4229*

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 this body is not embalmed, fact should be so stated above.**