V. S. No. 2
0M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

18663

FILED MAY 22 1947

Registration District No. 818

Primary Registration District No. 1003

State File No.

Registrar's No. 4838

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4360 Washington Blvd., 9
(If rural, give location)

(e) Citizen of foreign country? 19 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mary Budde

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Henry J. Budde

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

7. Birth date of deceased November (Month) 17 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	5	23	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Fluid 4
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 1

MOTHER
14. Maiden name Margaret Maddox
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Margaret Zeuschel
(b) Address 5129 Northland Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) MAY 13 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1947 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from May 3, 1947, to May 10, 1947 that I last saw h. ER alive on May 10, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to Cerebral Thrombosis, with Right Hemiplegia

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None 93

Of autopsy None

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) no

(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature William J. Jones (M. D. or other)

Address 807 S. Euclid, St. Louis Date signed 5-12-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4194

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.