

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3 Copies 39691
State File No. 04595
Registrar's No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) LE MAY	c. LENGTH OF STAY (In this place) 5 WKS.	c. CITY (If outside corporate limits, write RURAL and give township) St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. St. Rose Sanatorium		d. STREET ADDRESS (If rural, give location) 3426 Abner Pl.	
3. NAME OF DECEASED a. (First) Vincent		b. (Middle) Budrewicz	
c. (Last) Budrewicz		4. DATE OF DEATH (Month) (Day) (Year) Dec. 2, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-21-1886
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Felix	
13b. MOTHER'S MAIDEN NAME Anastasia Wulotku		14. NAME OF HUSBAND OR WIFE Sophie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 492-10-656	
17. INFORMANT'S SIGNATURE OR NAME Sophie J. Budrewicz		ADDRESS 1945 Flower Ave ST. Louis, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumococci		INTERVAL BETWEEN ONSET AND DEATH 5-233
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		
DUE TO (c)		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

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) 523.3	
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 **10:30, 1949**, to **12:2, 1949**, that I last saw the deceased alive on **12-1, 1949**, and that death occurred at **10:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Wombe, M.D.		(Degree or title)		23b. ADDRESS 607 N. Grand		23c. DATE SIGNED 12-5-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/6/49		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	

DATE REC'D BY LOCAL REG. 12-5-49		REGISTRAR'S SIGNATURE Herbert R. Wombe, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE St. Louis Funeral Home		ADDRESS 2205 St. Louis	
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(Licensed Embalmer's Statement on Reverse Side)

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

A.E. W. Hines Sec. University Club

Je 6146

Mo 10121

Nov 16-49

4437

Co. 7800

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
Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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