

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13240**
Registrar's No. **33334**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		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) OR TOWN ST. LOUIS		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 3137 Longfellow Blvd. 217 1/2	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) GUSTAVUS b. (Middle) ADOLPHUS c. (Last) BUDER.		4. DATE OF DEATH (Month) (Day) (Year) April 14, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 7, 1871
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired; Lawyer	11. BIRTHPLACE (City and State or Foreign Country) Cairo, Illinois
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY self employed	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Euder.	13b. MOTHER'S MAIDEN NAME susan Rassieur.	14. NAME OF HUSBAND OR WIFE Lydia Feuerbacher Buder.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish American		16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME G.A. Buder, Jr.		ADDRESS 3137 Longfellow Blvd.,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Broncho pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arterio sclerosis.		INTERVAL BETWEEN ONSET AND DEATH 4 days 20 + yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 491X
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 **Mar 27, 1954**, to **Apr 14, 1954**, that I last saw the deceased alive on **Apr 14, 1954**, and that death occurred at **7:35 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward W. Gibinski M.D.	23b. ADDRESS 3701 Grandel St	23c. DATE SIGNED 4/14/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 4/17/1954	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory
24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		

DATE REC'D BY LOCAL REG. APR 14 1954	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. R. Lupton & Sons	ADDRESS 7233 Delmar Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 2 1958

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 *Arnold W. Schoene*.....

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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.