

FILED AUG 6 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25391**

BIRTH NO. --- REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7076**

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 town) St. Louis, Mo.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis,
d. FULL NAME OF HOSPITAL OR INSTITUTION 2300a St. Louis, Ave.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS 20	(If rural, give location) 2300a St. Louis, Ave. 2209

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle) M.	c. (Last) Walter	4. DATE OF DEATH (Month) July (Day) 28 (Year) 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 18, 1861	9. AGE (In years last birthday) 93	# UNDER 1 YEAR Months 0 Days 0	# UNDER 4 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home.	11. BIRTHPLACE (City and State or Foreign Country) Red Bud, Illinois,	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Ernst Budde	13b. MOTHER'S MAIDEN NAME Charolette Herber	14. NAME OF HUSBAND OR WIFE Henry Walter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, specify or dates of service) No.	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME Ruby Kottmeier	ADDRESS 2300a St. Louis, Ave.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
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 type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 4500
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22. I hereby certify that I attended the deceased from **June 9, 1954**, to **July 28, 1954**, that I last saw the deceased alive on **July 28, 1954**, and that death occurred at **9:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Carl Smith M.D. (Degree or title)	23b. ADDRESS 2202 University St.	23c. DATE SIGNED 7/30/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-31-54	24c. NAME OF CEMETERY OR CREMATORY St. Marcus Cemetery	24d. LOCATION (City, town, or county) (State) Red Bud, Illinois,
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DATE REC'D BY LOCAL REG. JUL 30 1954	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Alma Rose Radwell

Licensed Embalmer No. *401*

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.