

FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39114**

BIRTH NO. _____ REG. DIST. NO. **210** PRIMARY REG. DIST. NO. **3058** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY OR TOWN St. Charles	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) 10 days		e. STREET ADDRESS (If rural, give location) 1029 Madison St. 09770	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) ROBERT	b. (Middle) J.	c. (Last) BUDKE M.D.	4. DATE OF DEATH (Month) (Day) (Year) November 26, 1956
-------------------------------------	--------------------------	-----------------------	-----------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 14, 1908	9. AGE (In years last birthday) 48	# UNDER 1 YEAR 5 Months 12 Days	# UNDER 2 HRS. 0 Hours 0 Min.
--------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor	10b. KIND OF BUSINESS OR INDUSTRY Physician & Surgeon	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S. A.
---	--	---	---

13a. FATHER'S NAME Amon Budke	13b. MOTHER'S MAIDEN NAME Dorothy Thaw	14. NAME OF HUSBAND OR WIFE Marion Odin Budke
--------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Marion Budke, St. Charles, Mo.	ADDRESS _____
---	-------------------------------	--	---------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Coronary sclerosis		
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) _____
--	--	---

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 **Nov. 16, 1956**, to **Nov. 26, 1956**, that I last saw the deceased alive on **Nov. 26, 1956**, and that death occurred at **8:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Eugene J. Canty	(Degree or title) M.D.	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED Nov. 28, 1956
--	--------------------------------	---------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 28, 1956	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
--	--------------------------------	--	--

DATE REC'D BY LOCAL REG. Nov 28 1956	REGISTRAR'S SIGNATURE Fannie Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE Arthur C. B... St. Charles, Mo.	ADDRESS _____
---	--	---	---------------

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

284

DEC 3 1956

DEC 3 1956

DEC 3 1956

NOV 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....

Signature of Student Embalmer

Signed.....

Clarence M. Bell

Licensed Embalmer No. 4375

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.