

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-021390**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5516**

**FILED JUN 3 1963**

VS 300  
Rev. 4/59

1

2 **220**

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN	
St. Louis		St. Louis	
Length of stay in 1b		d. STREET ADDRESS (If outside, give location)	
4 years		2409a North 22nd Street	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Reside on Farm	
2409a North 22nd Street		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last		Month Day Year	
John Henry Budde		May 23 1963	
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
male	white		2-5-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday)
Custodian (retired)		Valier & Spies Milling Company	79
11a. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
St. Louis, Missouri		U.S.A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
Budde		Emma Westenberger	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
Carrie Budde		NO	
16. SOCIAL SECURITY NO.		17. INFORMANT Address	
A-B		Mrs. Carrie Budde, 2409a N. 22nd St	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)			few minutes.
Acute myocardial infarct			
DUE TO (b)			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (c)			4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days.
Arteriosclerotic heart disease.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 1-29-62 to 5-23-63 and last saw him alive on 5-13-63		Death occurred at 7:00 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. NONMATH (Degree or title)	22b. ADDRESS		22c. DATE SIGNED
Walter H. Sporeneman, M.D.	1515 St. Louis		5-23-63
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)	
Removal	Memorial Park Cemetery	St. Louis County, Missouri	
24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE	
Math Hermann & Son, Inc., 2161 E. Fair Ave St. Louis, Missouri	MAY 24 1963	Carl Smith, M.D.	

USE BLACK INK OR TYPEWRITER RIBBON

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**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 Edwin W. May  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address St. Louis Mo.

0-02

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.