

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

22869

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St. Louis*

Registration District No. **791**  
Primary Registration District No. **1008**

File No. ....  
Registered No. **6298**  
St. .... Ward)

**2. FULL NAME**

(a) Residence No. *5800 Arsenal* St. *13* Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Hannah Butta*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *4-18-1865*

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<i>66</i>	<i>1</i>	<i>16</i>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *Laborer*  
(b) General nature of industry, business, or establishment in which employed (or employer) *St. Louis*  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *New York*  
(STATE OR COUNTRY)

10. NAME OF FATHER *John Butta*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Duland*  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Elizabeth Hannell*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *N. Y.*  
(STATE OR COUNTRY)

14. INFORMANT *Mrs M. E. Hughes*  
(Address)

15. FILED *519 1331* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 4 1931*

17. I HEREBY CERTIFY, That I attended deceased from *Oct 16* 19*31* to *June 4* 19*31*, and that I last saw him alive on *June 4* 19*31*, and that death occurred, on the date stated above, at *3:30 P.* m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Myocardial Infarction -  
Bilateral Aneurysm  
non Tubercular  
93C (duration) 37(?) mos. ds.*

CONTRIBUTORY (SECONDARY) *113* (duration) *37(?)* mos. ds.

18. WHERE WAS DISEASE CONTRACTED *St. Louis*  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *no* DATE OF .....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *Microscopic*  
(Signed) *M. Macintosh* M. D.  
(Address) *5800 Arsenal St*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Calvary Cemetery* DATE OF BURIAL *6/6 1931*

20. UNDERTAKER *Arthur J. Donnelly* ADDRESS *2039 West 4th*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

