

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

Do not use this space.

29687

**1. PLACE OF DEATH**

Country USA Registration District No. 100  
 Township W 10 Primary Registration District No. 1000  
 City St. Louis (No. 6036) - Lee Ward.

File No. \_\_\_\_\_  
 Registered No. 3611  
 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence, No. 6036 Lee St., \_\_\_\_\_ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ernest A. Groth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 6 - 1881</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>0</u>
	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>		
FATHER	13. NAME <u>Joseph W. Butterfield</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Jane McKay</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Ernest A. Groth</u> (ADDRESS) <u>6036 Lee</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>Sept 12 1933</u>		
19. UNDERTAKER <u>Rose &amp; Henderson</u> (ADDRESS) <u>156 W. 10</u>		
20. FILED <u>9-12-33</u> <u>M. M. Crowe</u> Regist. <u>asch</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1933

22. I HEREBY CERTIFY, that I attended deceased from April 9 1933, to Sept 9 1933  
 I last saw her alive on Sept 9 1933 Death is said to have occurred on the date stated above, at 10:10 m.  
 The principal cause of death and related causes of importance were as follows:  
Bacterial Endocarditis (Date of onset 9/1)  
9/13  
 Other contributory causes of importance: Anemia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Subcult. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Hugh H. Bestromy M.D.  
 (Address) 312 North Main Bldg.

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.

2  
2  
2

Wentham 1366