

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

Do not use this space.

35213

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **DePaul Hospital**)

File No. ....  
Registered No. **9430**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. **5463 E Delmar** St. **13** Ward.

(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 **Male** 4. COLOR OR RACE **Wh** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 27 - 1869**  
7. AGE YEARS **64** MONTHS **1** DAYS **2** If LESS than 1 day, .... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Chemist**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Baptist Church**  
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) **Evansville Ind.**

13. NAME **Philip Butsch**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pennsylvania**

15. MAIDEN NAME **Philipina Vogt**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Francis Riley** (ADDRESS) **5463 Delmar**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cabary** DATE **Nov 1st** 19**33**

19. UNDERTAKER (ADDRESS) **1225 Union Blvd**

20. FILED **NOV - 1 1933** **St. Bredeck** Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 29 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 26, 1933 to Oct. 29, 1933**  
I last saw him alive on **Oct. 29, 1933** Death is said to have occurred on the date stated above, at **6:25 P.M.**

The principal cause of death and related causes of importance were as follows:

**124 B**  
**Influenza Pneumonia**  
**93 C**  
**myocarditis chronic**  
**cinchitis of liver**

Name of operation **none** Date of operation .....  
What test confirmed diagnosis? **physical + laboratory** 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 **Flu & Hibis**, M. D.  
(Signed) **5-298 page**  
(Address) .....

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.

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

OCT 3 1934

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