WHITE 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.

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

Do not use this space.
38699

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. [illegible]
City St Louis (No. 3707 No 25th Street St. ..... Ward)

File No. .....
Registered No. 10382

2. FULL NAME Joseph Buthe
(a) Residence, No. 3707 No 25th St., 20 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: 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: Mary Buthe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 28 1881

7. AGE: YEARS 51 | MONTHS 11 | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gardner
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): St Libory Ill

FATHER
13. NAME: Henry Buthe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Mary Schniederjans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Libory Illinois

17. INFORMANT (ADDRESS): Mary Buthe 3707 No 25th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cem DATE: 12/1, 1933

19. UNDERTAKER (ADDRESS): Meek + Dickman 3039 Easton Ave

20. FILED: DEC -2 1933, 19 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 215 P.m.
The principal cause of death and related causes of importance were as follows:

apoplexy from hemorrhage of brain 82 P

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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?
If so, specify
(Signed) [signature] M. D.
(Address) Deputy Coroner
12/1/33