

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

Do not use this space.

1. PLACE OF DEATH

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

Registration District No. **791**
Primary Registration District No. **1003**
(No. *Mo. Baptist Hosp.*)

File No. **27254**
Registered No. **7493**
St. Ward

2. FULL NAME

Charles Butthere
(a) Residence, No. *3843 Sherman Pl.* St. *10* 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Margaret Katherine Greybert</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 26 1859</i>		
7. AGE YEARS <i>75</i>	MONTHS <i>2</i>	DAYS <i>28</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Watchman</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Mallachrodt Chem.</i>		
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) <i>Germany</i>		
13. NAME <i>Not known</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
15. MAIDEN NAME <i>Not known</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
17. INFORMANT (ADDRESS) <i>Mrs. Wm. Palmer 3843 Sherman Place</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Walhall Cem.</i> DATE <i>7/27</i> 1934		
19. UNDERTAKER (ADDRESS) <i>Math. Hermann & Son 2161 S. 4th Ave.</i>		
20. FILED <i>UL 20 1934</i> Registrar <i>J. Bredeck</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/24 1934*

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at *3:30 P.M.*
The principal cause of death and related causes of importance were as follows:
191
Excursive Heart
Date of onset *191*

Other contributory causes of importance:
191

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify.....
(Signed) *Harold P. Huey*
7/30/34 (Address) *Dup. Co.*

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.

AUG 15 1934

