MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8404

Township ..... Primary Registration District No. 1003 Registered No. 1855

City St Louis (No. 6423 Odell St. ..... Ward)

2. FULL NAME John F. Butz

(a) Residence, No. 6423 Odell St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Anna. Butz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 6 1866

7. AGE: YEARS 71 | MONTHS 0 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Moon Bros Auto Co.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation: 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois 10

FATHER

13. NAME: John Butz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Margaret Luescher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Anna Butz 6423 Odell Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem Cem DATE 2-13 1937

19. UNDERTAKER (ADDRESS): Witt Bros. L & N Co. 2929 S. Jefferson Av.

20. FILED FEB 12 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1935 to Feb 10, 1937

I last saw him alive on February 10, 1937 Death is said to have occurred on the date stated above, at 10 p.m.

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

Arteriosclerotic heart disease c̄ hypertension and Chronic myocarditis

Date of onset: ?

Other contributory causes of importance:

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? no

If so, specify .....

(Signed) Joseph B Kendis, M. D.

(Address) 6205 Arsenal St.

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.

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