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

Do not use this space.

NOV 23 1937

1. PLACE OF DEATH

County St. Francois — Registration District No. 773 — File No. 38678

Township St. Francois — Primary Registration District No. 6018A — Registered No. 164

City Farmington (No. ..... St. ..... Ward)

2. FULL NAME John Butyenek

(a) Residence, No. 7919 Flata Ave. Lake Wood, St. Louis Co., Mo. 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: M
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 Sophia Butyenek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1887

7. AGE: 50 YEARS, 3 MONTHS, 21 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Hungary

FATHER

13. NAME John Butyenek
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

MOTHER

15. MAIDEN NAME Theresa Kiper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT Hospital Records (ADDRESS) Farmington, Missouri

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Burial
PLACE New St Marcus Cem St Louis Mo DATE ? Oct 18 1937

19. UNDERTAKER Ziegenhein & Sons (ADDRESS) St. Louis, Mo.

20. FILED Oct 15 1937 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 15th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1937 to Oct 15, 1937. Last saw him alive on Oct 14, 1937. Death is said to have occurred on the date stated above, at 10 40 a.m.

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

Central nervous system
Lues = Tabs Parisis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & Lab. 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) P. S. Tate, M. D.

(Address) State Hosp. #4 Farmington Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PLACE OF DEATH should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.