

OV 30 1938

DEC 8 1938

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

40428  
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784  
 (b) Township Carondelet Primary Registration District No. 200  
 (c) City Jefferson Barracks (d) Street No. Veterans Facility Registered No. 1954  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frederick BUTH

(a) Residence, No. 3817 Washington Avenue, Saint Louis, Mo.  Missouri  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Mamie Buth (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 2, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
37 9 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Furniture Mover.  
 9. Industry or business in which work was done, as saw mill, bank, etc. -  
 10. Date deceased last worked at this occupation (month and year) About 2 yrs ago. 11. Total time (years) spent in this occupation at least 14 years

12. BIRTHPLACE (CITY OR TOWN) Saint Louis, Missouri.

FATHER 13. NAME Charles Buth  
 14. BIRTHPLACE (CITY OR TOWN) - (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Marie (??)  
 16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY)

17. INFORMANT Cliff Scholtz (ADDRESS) Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Dec. 1, 1938

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co. (ADDRESS) 7814 S. Broadway

20. FILE NO. NOV 30 1938 DR Meyer MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1938, to November 29, 1938

I last saw him alive on November 29, 1938. Death is said to have occurred on the date stated above, at 9:55A. m.

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

Carcinoma of Liver with metastases to the lungs and brain.

Date of onset Unkn.

Other contributory causes of importance: None

Name of operation None Date of -  
 Physical findings and autopsy 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 eat sugar  
 (Signed) C. W. HUGHES, Chief Med. Off., M. D.  
 (Address) VAF Jefferson Barracks, Mo.

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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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**