

S. No. 2  
1-4-41  
5-17-39  
P-1 X25390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
791  
FILED FEB 24 1942  
Registration District No. \_\_\_\_\_

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

130  
State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_ 50

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4501 Laclede  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4501 Laclede  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alfred Butsch  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. 492-03-8935

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 4  
year 1942 hour 1:00 minute — AM.  
21. I hereby certify that I attended the deceased from DEC. 22  
1941 to JAN. 4 1941  
that I last saw him alive on JAN. 3 1941  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Emma Butsch (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased April 3, 1874  
(Month) (Day) (Year)

Immediate cause of death GASTRIC HEMORRHAGE  
Duration 10 D.

8. AGE: Years	Months	Days	If less than one day
<u>67</u>	<u>9</u>	<u>1</u>	hr. _____ min. _____

Due to PEPTIC ULCER ? YRS  
Due to \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) Indiana (State or foreign country)  
10. Usual occupation Buyer  
11. Industry or business Shapleigh Hardware Co.

Other conditions GEN. ARTERIOSCL.  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER {  
12. Name Philip Butsch  
13. Birthplace \_\_\_\_\_ (City, town, or county) Indiana (State or foreign country)  
14. Maiden name Voght  
15. Birthplace \_\_\_\_\_ (City, town, or county) Indiana (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
117

16. (a) Informant Alfred Busch  
(b) Address 4501 Laclede  
17. (a) Removal (b) Date thereof 1/4/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Evansville, Indiana

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Edith E. Ambruster  
(b) Address 4234 Manchester  
19. (a) JAN 4 1942 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

23. Signature John L. Hornum (M. D. or other) M. D.  
Address Will N. Taylor Date signed 1-4-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Henry Eymek*.....

Licensed Embalmer No. *1284*.....

P. O. Address *St Louis Mo.*.....

**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.)**

**If this body is not embalmed, fact should be so stated above.**