

S. No. 2
OM-2-43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4235

FILED FEB 14 1944
Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 341

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5625 Statler Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community 33 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Normandy
(If outside city or town limits, write "RURAL")

(d) Street No. 5625 Statler Ave.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edmund George Butsch

3. (b) If veteran, name war No

3. (c) Social Security No. 327-03-2009

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6th,
year 1944 hour 1:10 minute P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise W. Butsch

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased November 19, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-14-42 1942 to 2-6 1944

that I last saw him alive on 2-6 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

63	2	17	hr. min.
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Immediate cause of death Coronary Occlusion 36 hrs

Due to Coronary Artery Disease 3 yrs

Due to _____

9. Birthplace Lynnville, Indiana
(City, town, or county) (State or foreign country)

Other conditions Coronary Artery Disease
(Include pregnancy within 3 months of death)

10. Usual occupation Blacksmith

11. Industry or business Swift & Co.

12. Name Jacob Butsch

13. Birthplace Unknown, Germany
(City, town, or county) (State or foreign country)

14. Maiden name Louise W. Oestricher

15. Birthplace Unknown, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise W. Butsch

(b) Address 5625 Statler Ave.

17. (a) Burial (b) Date thereof Feb. 10, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director CALVIN F. FEITZ FUNERAL HOME

(b) Address 4834 Natural Bridge Blvd.

19. (a) FEB 10 1944 (b) E. J. McHarran, M.D.
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy 9/16

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? _____

23. Signature Oliver J. Gost (M. D. or other) M. D.
Address 3500 N. Grand Date signed 2-7-44

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

MAY 27 1946

MAR 14 1946

From Mrs. Paul C. 7-8 pm
Funeral Home 2-4 pm

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 John A. Miller
.....
Licensed Embalmer No. 4186
.....
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.