No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34548

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2415

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2508 Lucas Hunt Road.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 28 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2508 Lucas Hunt Road. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Mary Butera

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Antonio (Tony) 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased December (Month) 7 (Day) 1905 (Year)

8. AGE: Years 39 Months 10 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace New Orleans (City, town, or county) La. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Jack Guarino
13. Birthplace Busacchino (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Rosalia Catalanotte
15. Birthplace Villa Franca (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Antonio Butera
(b) Address 2508 Lucas Hunt Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P Miceli-Sons
(b) Address 1150 N. Kingshighway Blvd.

19. (a) 10-1845 (Date received local registrar) (b) E. D. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17
year 1945 hour 3 minute 15 a.M.

21. I hereby certify that I attended the deceased from 3:05am Oct. 17, 1945, to 3:15am Oct. 17, 1945; that I last saw her alive on October 17, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Bullet wound of head — Duration 45 min.

Due to 1640

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Oct. 17, 1945
(c) Where did injury occur? Normandy, St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury Shot self in head

23. Signature Wm W. Carter (M. D. or other) MD
Address 603 Brentwood, Clayton Mo. Date signed 10-18-45

707 (Licensed Embalmer's Statement on Reverse Side)

OCT 27 1945

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.

S. No. 2B
5M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

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Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2415

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:

(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 (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Butera

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 7 (Day) 1945 (Year)

8. AGE: Years 39 Months 10 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 11-10-45 (Date received local registrar) (b) E. D. McGavran M.D. (Registrar's signature) N. SC

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 7 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

34548