S. No. 2
DM—5-43
v. 5-17-39
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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

State File No. 38991

FILED JAN 5 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11338

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(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 Mo (b) County Same
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 2017
(d) Street No. 2236 MADISON ST (If rural, give location) 9 10
(e) Citizen of foreign country? (~~Year~~ No)
If yes, name country

3. (a) PRINT FULL NAME STANLEY BUTRYN

3. (b) If veteran, name war —

3. (c) Social Security No: —

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife BERTHA

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased MARCH (Month) 10 (Day) 1889 (Year)

8. AGE: Years 56 Months 9 Days 14 If less than one day hr. min.

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

10. Usual occupation BARBER

11. Industry or business —

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

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

16. (a) Informant Bertha Butryn Wife
(b) Address 2236 MADISON ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director St. Louis Funeral Home
(b) Address 2205 ST. LOUIS AVE

19. (a) DEC 26 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24th year 1945 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from 12/2/45, 19, to 12/24/45, 19; that I last saw him alive on 12/24/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, Pulmonary — Duration 3 yrs.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Not performed

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?
While at work? (Specify type of place) (e) Means of injury

23. Signature [illegible] (M.D. or other)
Address 1515 Lafayette Date signed 12/24/45

(Licensed Embalmer's Statement on Reverse Side)

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 M. Brammer

Licensed Embalmer No. 4200

P. O. Address.....

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.