S. No. 2
M—2-43
. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 17 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2312

State File No. 18

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Pronounced death at City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 25 17

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

(d) Street No. 723a Cole 3
(If rural, give location)

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

If yes, name country Italy

3. (a) PRINT FULL NAME Joseph Butera

3. (b) If veteran, name war None

3. (c) Social Security No. 500-26-9865

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Rose (LaRosta)

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

7. Birth date of deceased December (Month) 8 (Day) 1890 (Year)

8. AGE: Years 56 | Months 0 | Days ~~21~~ 23 | If less than one day hr. min.

9. Birthplace (City, town, or county) Italy 5 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business V. Viviano & Bros

FATHER
12. Name Peter Butera 5
13. Birthplace (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Mary Unknown
15. Birthplace (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Mrs Joseph Polizzi
(b) Address 812a Cole St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bensiek-Neehaus
(b) Address 1431 Union Bl

19. (a) JAN 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st year 1947 hour 10 minute 15 p 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 Coronary Thrombosis	
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 3

23. Signature Alfred Perry (M. D. or other)

Address Apt Kenton Date signed 1/8/47

(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.....

Licensed Embalmer No.....

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.