

Registration District No. **3177** Primary Registration District No. **3069**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Clayton Richmond / St**
(c) Name of hospital or institution: **St. Marys Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **4 days**
In this community **50**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **St. Louis 96**
(c) City or town **Shrewsberry 15**
(If outside city or town limits, write "RURAL")
(d) Street No. **7707 Murdock Ave 0**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Ruth Butner**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **489-32-1117**
4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Shelby Butner** 6. (c) Age of husband or wife if alive **48** years
7. Birth date of deceased **October 30 1896**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **30**
year **1947** hour **4** minute **25 A.M.**
21. I hereby certify that I attended the deceased from **Aug. 25 1947** to **Aug. 30 1947**
that I last saw h. alive on **Aug. 30 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Block** Duration **5-7 days**

8. AGE: Years Months Days If less than one day
50 **10** **10** hr. min.

Due to **950**
Due to

9. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **home**

12. Name **George C. Kruse**

13. Birthplace **Augusta Mo**

14. Maiden name **Emilia Quickert**

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

16. (a) Informant **Shelby Butner**

(b) Address **7707 Murdock Ave.,**

17. (a) **Burial & Cremation** (b) Date thereof **9/2/1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Mo.**

18. (a) Signature of funeral director **Henry H. Heidmuesler**

(b) Address **6303 Gravois Ave**

19. (a) **9-2-47** (b) **Charles J. Sharpe**
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **Heart Block**

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? **0**

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

23. Signature **R. J. Volmer** (M. D. or other)

Address **1226 Big Bend** Date signed **9/2/47**

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

MOTHER FATHER

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 H. 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.