

FILED NOV 6 1948  
Registration District No. 318

Primary Registration District No. 1003

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

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: Jewish Hospital  
(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 Missouri (b) County ada  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6 4704 Greer Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Margaret Butera  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 23  
year 1948 hour 10 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Oct 23  
1948, 19\_\_\_\_ to Oct 23, 1948  
that I last saw her alive on Oct 23  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 16 1940  
(Month) (Day) (Year)

Immediate cause of death Bacterial Pneumonia  
Due to deficiency of hyaline cartilage caused at birth  
Due to history of cold about one week duration  
Other conditions Congenital defect in respiratory system  
(Include pregnancy within 6 months of death)

8. AGE: Years Months Days If less than one day  
8 6 7 hr. \_\_\_\_\_ min.  
9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: Of operations 107  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation student  
11. Industry or business \_\_\_\_\_  
12. Name Frank Butera  
13. Birthplace Arugona Italy  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary  
15. Birthplace Terra Sene Italy  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Butera  
(b) Address 4704 Greer  
17. (a) Burial (b) Date thereof Oct. 27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

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) (2) Means of Injury (1)

18. (a) Signature of funeral director P. Miceli & sons  
(b) Address 1150 N. Kingshighway  
OCT 26 1948  
19. (a) \_\_\_\_\_ (b) J. B. Jasater  
(Date received local registrar) (Registrar's signature)

23. Signature P. A. Eck (M. D. or other) \_\_\_\_\_  
Address 4701 St. Louis Ave. Date signed 10/26

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**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. *4297*

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.**