S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 11 1949 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

State File No. 41330

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 10988

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: Faith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Carsonville
(If outside city or town limits, write "RURAL")
(d) Street No. 3744 Carson Road
(If rural, give location)
N.R.
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME AUGUSTA BUTZ
3. (b) If veteran, name war No
3. (c) Social Security No. ?
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 Aug. 12, 1885 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	4	7	..... hr. ..... min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Clerk in Store
11. Industry or business .....
FATHER
12. Name Anton Butz
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Houser
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Minie Ewing
(b) Address 3744 Carson Rd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Ann's Cem.
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.
19. (a) DEC 20 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19 year 1948 hour 11.00 minute A M.
21. I hereby certify that I attended the deceased from Dec. 5, 1948 to Dec. 19, 1948; that I last saw her alive on Dec. 19, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to: Hypertensive Cardio-Vascular Disease	2 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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 J. B. Guccione (M. D. or other MD)
Address 2801 N. Taylor Date signed 12-19-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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. Elmo R. Cadwell

Licensed Embalmer No. 4077

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.