

LED APR 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12736

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 548		Registrar's No. 877	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Webster Groves		c. LENGTH OF STAY (In this place) Pont Audry		c. CITY OR TOWN Carsonville 4 180		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 346 Camellia Dr.				e. STREET ADDRESS (If rural, give location) 8537a Natural Bridge Rd.			
3. NAME OF DECEASED (Type or Print) Johanna Butz			4. DATE OF DEATH 3/21/53				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 10 1876	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) LaSalle Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Eugene Kane			13b. MOTHER'S MAIDEN NAME Johanna Kane			14. NAME OF HUSBAND OR WIFE William T. Butz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William T. Butz 8537a Nat. Bridge Rd			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 7 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 170X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Oct 1946, to March 1953, that I last saw the deceased alive on 3/20 1953 and that death occurred at 4:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Paul O. Hagemann M.D. (Degree or title)				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 3/23/53	
24a. BURIAL, CREMATION; REMOVAL (Specify) Burial		24b. DATE 3/24/53		24c. NAME OF CEMETERY OR CREMATORY St. Anns Cemetery		24d. LOCATION (City, town, or county) (State) Normandy, Mo.	
DATE REC'D BY LOCAL REG. 3-23-53		REGISTRAR'S SIGNATURE Herbert R. Jones P.T. (Licensed Embalmer's Statement on Reverse Side)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.			

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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

NE. 6646.

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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *John S. Denneke*
Licensed Embalmer No. *4194*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.