

FILED DEC 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41632

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3088

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 township) OR TOWN Carsonville		c. LENGTH OF STAY (In this place) BOYs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carsonville 480		d. STREET ADDRESS (If rural, give location) 3750 Carson Rd.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3750 Carson Rd.								
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Louis c. (Last) Butz			4. DATE OF DEATH (Month) 11 (Day) 30 (Year) 53					
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 12 1867		
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days 		IF UNDER 21 HRS. Hours Mins. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired SMITH			10b. KIND OF BUSINESS OR INDUSTRY Blacksmith		11. BIRTHPLACE (State or foreign country) St. Louis Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Anton Butz			13b. MOTHER'S MAIDEN NAME Elizabeth Hauser			14. NAME OF HUSBAND OR WIFE Louise Butz		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 496 22 5359		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise Butz 3750 Carson 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 Wks	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None				
22. I hereby certify that I attended the deceased from June, 1951 , to Nov 30, 1953 , that I last saw the deceased alive on Nov 29, 1953 , and that death occurred at 7:45 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE W. Staehle (Degree or title) M.D.			23b. ADDRESS 7124 Natural Bridge			23c. DATE SIGNED 11-30-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/3/53		24c. NAME OF CEMETERY OR CREMATORY St. Ann's Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co, Mo.		
DATE REC'D BY LOCAL REG. 12-1-53		REGISTRAR'S SIGNATURE Herbert R. Domb			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.			

SW (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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Alfred J. Bodeker*

Licensed Embalmer No. *2663*

P. O. Address *11251 Holmwood*

Signed.....
Student Embalmer

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.