

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45224

State File No. ....

FILED JAN 19 1954

12055

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>12055</u>			
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis Mo</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		b. COUNTY <u>Mo</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3108 S Grand Blvd</u>			d. STREET ADDRESS (If rural, give location) <u>1151 Canaan ave</u>						
3. NAME OF DECEASED (Type or Print) <u>Elmer</u>			a. (First)		b. (Middle)		c. (Last) <u>Buetterhorn</u>		
4. DATE OF DEATH <u>12-19-53</u>			(Month)		(Day)		(Year)		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 30 1901</u>		9. AGE (In years last birthday) <u>52</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Forman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hassas Mfg. Co</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>Yes</u>		
13a. FATHER'S NAME <u>Fred Buetterhorn</u>			13b. MOTHER'S MAIDEN NAME <u>Carrie Hagien</u>			14. NAME OF HUSBAND OR WIFE <u>Myrtle Buetterhorn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Myrtle Buetterhorn</u>				ADDRESS <u>1151 Canaan ave</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>			II. OTHER SIGNIFICANT CONDITIONS						
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			DUE TO (b) _____						
			DUE TO (c) _____						
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>					
22. I hereby certify that I attended the deceased from <u>10-12, 1953</u> , to <u>12-19, 1953</u> , that I last saw the deceased alive on <u>12-19, 1953</u> , and that death occurred at <u>6:52 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>William W Farley MD.</u> (Degree or title)			23b. ADDRESS <u>3108 S. Grand</u>			23c. DATE SIGNED <u>12-21-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-23-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Frieden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>			
DATE REC'D BY LOCAL REG. <u>DEC 22 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Central Funeral Home</u> ADDRESS <u>3541 CRiverview Blvd</u>				

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Albert Mayfield

Licensed Embalmer No. 3074

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.