

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019826

STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1343

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CLAYTON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>NORMANDY</b> 4180° Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>COUNTY HOSPITAL 2WKS.</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>3744 CARSON Rd.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Joseph Louis Butz</b>			4. DATE OF DEATH Month Day Year <b>5-14-59</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>MAR. 20, 1874</b>		9. AGE (In years last birthday) <b>85</b> F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DARTENDER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TAVERN PROP.</b>	11. BIRTHPLACE (City and state or country) <b>ST LOUIS Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>ANTON BUTZ</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH HAUSER</b>		14. NAME OF HUSBAND OR WIFE <b>UNK.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>496-36-3842</b>	17. INFORMANT Address <b>EDNA MAE WATTS 3744 CARSON Rd.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BRONCHOPNEUMONIA</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>GENERAL ARTERIAL SCLEROSIS</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from **4-30-1959** to **5-14-1959** and last saw <sup>her</sup>him alive on **5-14-1959**  
Death occurred at **12:00 P** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>W. A. Kelly</b> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>601 S. BRENTWOOD AVE</b>	22c. DATE SIGNED <b>5/14/59</b>
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23a. BURIAL, CREMATION, or REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>5-18-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST ANN'S</b>	23d. LOCATION (City, town, or county) (State) <b>NORMANDY Mo.</b>
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24. FUNERAL DIRECTOR <b>Cullen &amp; Kelly - 7267 Natl. Bldg.</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>5-15-59</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**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 *James A. Lammers* .....

Licensed Embalmer No. *4142* .....

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.**