

**FEDERAL BUREAU OF INVESTIGATION
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

59-041641

FILED VS DEC 8 1959 XC 2175490 SL 19813

211068

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		a. STATE ILLINOIS	b. COUNTY
Length of stay in 1b 74 DAYS		c. CITY OR TOWN BELLEVILLE	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1240 LEBANON AVENUE
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) ALBERT D BUTTZ	First	Middle	Last	4. DATE OF DEATH NOVEMBER 30, 1959	Month	Day	Year
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-21-90	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) LIBERTY, ILLINOIS	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME CLARENCE BUTTZ	13b. MOTHER'S MAIDEN NAME BERTHA HUNSAKER	14. NAME OF HUSBAND OR WIFE IRENE BUTTZ
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI	16. SOCIAL SECURITY NO. 327-03-3063	17. INFORMANT VA HOSPITAL RECORDS ST. LOUIS, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS
IMMEDIATE CAUSE (a) CARCINOMA OF THE LARYNX		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) -	161x
	DUE TO (c) -	-

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) -	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK <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 VAH, ST. LOUIS, MO.	COUNTY	STATE
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21. VA attended the deceased from **9-17-59** to **11-30-59** and last saw ~~him~~ ^{her} alive on **11-30-59**
Death occurred at **5:00 a.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Arthur L. Bauer, M.D.</i>	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 11/30/59
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23a. BURIAL, CREMATION, REINTERMENT 12/3/59	23b. DATE 12/3/59	23c. NAME OF CEMETERY OR CREMATORY Walnut Hill	23d. LOCATION (City, town, or county) (State) Belleville, Illinois
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24. EMERALD DIRECTOR <i>Calvin A. Baldus, Belleville, Ill.</i>	25. DATE RECD. BY LOCAL REG. NOV 30 1959	26. REGISTRAR'S SIGNATURE <i>Load Smith, M.D.</i>
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(Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 6 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edgar A. Baldus

Licensed Embalmer No. 2846

P. O. Address Belleveille

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.