

# URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 21 1959

'59 046142

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3228

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		Length of stay in 1b <u>D O A</u>	c. CITY OR TOWN <u>Bel-Ridge</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>8537 A Natural Bridge</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>TOBIAS</u> Last <u>BUTZ</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>3</u> Year <u>1959</u>			
------------------------------------------------------------------------------------------------------	--	--	---------------------------------------------------------------------	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/23/76</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
-----------------------	----------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------	-------------------------------------	--------------------------------------------	------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis County Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
--------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------	---------------------------------------------------------------------------	----------------------------------------------

13a. FATHER'S NAME <u>Anton Butz</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hauser</u>	14. NAME OF HUSBAND OR WIFE <u>Johannah Kane</u>
-----------------------------------------	------------------------------------------------------	-----------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-02-6096-A</u>	17. INFORMANT <u>Dorothy Kroner</u> Address <u>R. R. 2 Box 212. Manchester Mo.</u>
--------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------	------------------------------------------------------------------------------------------

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
IMMEDIATE CAUSE (a)	<u>Natural causes with recent extension of old left ventricular myocardial infarction; multiple severe traumatic injuries</u>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.		
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

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"/> <u>Open Verdict</u>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART-II of item 18.) <u>Lost control of car he was operating which collided with rear end of truck parked on shoulder of road</u>
---------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

20c. TIME OF INJURY Hour <u>11:20</u> a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year <u>12/3/59</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>public road</u>	20f. CITY, TOWN, OR LOCATION <u>Rural</u>	COUNTY <u>St. Louis</u>	STATE <u>Missouri</u>
----------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------	----------------------------------------------	----------------------------	--------------------------

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Raymond H. Coroner</u> (Degree or title)	22b. ADDRESS <u>Clayton, Mo.</u>	22c. DATE SIGNED <u>12/8/59</u>
------------------------------------------------------------------	-------------------------------------	------------------------------------

23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/7/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Ann's Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
---------------------------------------------------------------	-----------------------------	-----------------------------------------------------------------	------------------------------------------------------------------------------

24. FUNERAL DIRECTOR <u>Cullen Kelly</u> ADDRESS <u>7267 Natural Bridge</u>	25. DATE RECD. BY LOCAL REG. <u>12-4-59</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy</u>
-----------------------------------------------------------------------------------	------------------------------------------------	----------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 5 1961

**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. Lamm*

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.