

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2637 STATE FILE NUMBER

FILED SEP 20 1962

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
Rev. 4/59						
1 <u>4000</u>						
2 <u>24000</u>						
3 <u>2</u>						
4 <u>1</u>						
5 <u>2</u>						
6						
7 <u>0</u>						
8 <u>2</u>						
9 <u>153.8</u>						
10						
11						
12 <u>90-0</u>						
13						
	SHOULD READ					
	BY AFFIDAVIT OF					

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>AFETON</u>		Length of stay in 1b <u>7 mos</u>	c. CITY OR TOWN <u>AFETON</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8003 GRAVOIS RD.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4939 HUMMELSHEIM</u>
3. NAME OF DECEASED (Type or print) First <u>LAURA</u> Middle <u>ANNA</u> Last <u>BUTZ</u>		4. DATE OF DEATH Month <u>Sept</u> - Day <u>9</u> - Year <u>1962</u>	
5. SEX <u>FEMALE</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>6-10-1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	9. AGE (last birthday) <u>72</u>
11a. FATHER'S NAME <u>ALFRED PETERS</u>		11b. MOTHER'S MAIDEN NAME <u>MOLLIE LAUB</u>	11c. NAME OF HUSBAND OR WIFE <u>JOSEPH P. BUTZ</u> <small>DECEASED</small>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NIL</u>		16. SOCIAL SECURITY NO. <u>NIL</u>	17. INFORMANT <u>FRANKLIN P. KING, Sr</u> <small>4937 HUMMELSHEIM ST LOUIS 27 MO</small>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Abdominal Carcinomatosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of colon.</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) _____	
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 checked="" 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 <u>June 5, 1962</u> to <u>Sept 9, 1962</u> and last saw her alive on <u>Feb 28, 1962</u> Death occurred at <u>9:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>U. Montz...</u> (Degree or title) _____		22b. ADDRESS <u>1105 Central Clayton</u>	
22c. DATE SIGNED <u>9/11/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Sept-12-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Lemay Mo.</u>
24. FUNERAL DIRECTOR <u>Fey FUNERAL HOME, MEHLVILLE Mo</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>9-11-62</u>	26. REGISTRAR'S SIGNATURE <u>John E. Muffly M.D.</u>

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

Gustav W. Kuntz

Licensed Embalmer No. 4329

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.