

MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5223
Do not use this space.
1916

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City..... (d) Street No. 4201 N. Wharf St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

320 Margaret Butz,
(a) Residence, No. 4201 N. Wharf St. 9 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emil Butz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 16
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home, Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Candy maker
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5
13. NAME Unknown 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Frank Paust (ADDRESS) 4201 N. Wharf
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 3/2/1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. A. Stock, Und. Co. 2117 E. Grand Blvd.

20. FILED J. D. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27. 1939
22. I HEREBY CERTIFY That I attended deceased from Jan 16th 1939 to Feb 27th 1939 (last saw her alive on Feb 26th 1939 Death is said to have occurred on the date stated above, at 4⁵⁵ am.
The principal cause of death and related causes of importance were as follows:

malignant Hypertension
Date of onset Unknown
Other contributory causes of importance:
cerebral infarct
hemorrhage

Name of operation..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify..... (Signed) W. A. Stock, M. D.
(Address) 4362 W. Main Ave

FEB 28 1939

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

W. G. J. Moore

4362

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

Registered Apprentice No., working under my personal supervision.

Signed *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

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, above space should be left blank.