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No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40390

State File No.

Registrar's No. 10142

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 5 Days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... Henry Bulthaup
3. (b) If veteran, name war.....
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced..... MARRIED
6. (b) Name of husband or wife..... IDA BULTHAUP 6. (c) Age of husband or wife if alive..... 57 years
7. Birth date of deceased..... FEB 19 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 2 If less than one day
hr. min.

9. Birthplace..... ST. LOUIS 0
(City, town, or county) (State or foreign country)

10. Usual occupation..... SHIPPING CLERK

11. Industry or business.....

12. Name..... HENRY BULTHAUP

13. Birthplace..... GERMANY 4
(City, town, or county) (State or foreign country)

14. Maiden name..... UNKNOWN

15. Birthplace..... GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... IDA BULTHAUP

(b) Address..... 2916 SIDNEY ST.

17. (a) BURIAL (b) Date thereof..... DEC 23
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... SUNSET BURIAL

18. (a) Signature of funeral director..... Frank J. & Son

(b) Address..... 2906 Grand St.

19. (a) DEC 22 1941 (b) J. F. Medler
(Date registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis
(c) City or town..... St. Louis 17 17 5
(If outside city or town limits, write "RURAL")
(d) Street No. 2916 Sidney
(If rural, give location)
(e) Citizen of foreign country?..... 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21,
year 1941 hour 11:40 minute A. M.

21. I hereby certify that I attended the deceased from December 17, 1941 to December 21, 1941
that I last saw him alive on December 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death..... arteriosclerotic heart disease

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... Refused

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... Drew Peterson (M. D. or other)
Address..... 1515 Lafayette Avenue Date signed..... 12/22/41

MISSOURI
1954

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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.....

Leo Budde

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Leo Budde

..... Licensed Embalmer No. *3989*

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