

FILED OCT 6 1942

Registration District No. 784

Primary Registration District No. 200

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Ballwin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Pine Crest Nursing Home, 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 27 days
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1235 Hodiarnont Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME RANNA L. BUTTEIGER
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 30
 year 1942 hour 6 minute 55 P.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife August Butteiger
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 29, 1863
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 3rd 1942 to Sept 30th 1942
 that I last saw her alive on Sept 29th 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 8 Days 1
 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of Breast
 Duration _____

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Due to 50
 Due to _____
 Other conditions Arterio-Sclerosis
 (Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Herman Heitert
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Roena Strube
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Roena Toler
 (b) Address 1167 Hamilton Avenue
 17. (a) Burial (b) Date thereof Oct 2, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New St. Marcus Cemetery
 18. (a) Signature of funeral director Shepard Funeral Home
 (b) Address 1167 Hamilton Avenue
 19. (a) OCT - 1 1942 (b) C. J. McFarland
 (Date received local registrar) (Registrar's signature)

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 R. W. Jansen (M. D. _____)
 Address Manchester, Mo. Date signed 9/30/42

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

G. W. Wilkinson

Licensed Embalmer No. 3575

P.O. Address.....

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.

FORM 1 - 1960