

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

135

LED JAN 20 1944
318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 242

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community Unknown
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. 4743 Ray Avenue
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary Buttermore

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Buttermore 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased May 6, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 8 1 hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER

12. Name Philip Frank
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Frank
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William Buttermore
(b) Address 4743 Ray Avenue

17. (a) Burial (b) Date thereof 1 10 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director Stecher-Heldrich-Ward
(b) Address 3634 Gravois Avenue

19. (a) JAN 10 1944 (b) J. F. Butcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1944 hour 9 minute 15 A M.

21. I hereby certify that I attended the deceased from Dec 18, 1943 to Jan 7, 1944
that I last saw him alive on Jan 7, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of bowels
Duration _____

Due to adhesions

Due to _____

Other conditions Serulity (age 66)
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?
J. G. Perraud
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. G. Perraud (M. D. or other) MD
Address 3112 So. France Date signed 1/10/44

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

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 Robert Wheeler

Licensed Embalmer No. 2128

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.