

S. No. 2
M-5-43
7-5-17-39
P I X38671

STANDARD CERTIFICATE OF DEATH

State File No. 18250
4594
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 4528 Lee Ave.
(d) Length of stay: In hospital or institution 56 years
In this community 56 years

3. (a) PRINT FULL NAME Mr. Henry Butemeyer
3. (b) If veteran, name war none
3. (c) Social Security No. noen
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah Butemeyer
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased October 1st. 1860

8. AGE: Years Months Days If less than one day
85 7 20 hr. min.

9. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER
12. Name William Butemeyer
13. Birthplace mo
14. Maiden name Unknown
15. Birthplace unknown

16. (a) Informant Mrs. Sarah Butemeyer
(b) Address 2329 University St.

17. (a) Burial (b) Date thereof 5-23-46
(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) MAY 22 1946 J. F. Medesek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St. Louis
(d) Street No. 2329 University St.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 21st
year 1946 hour 4:40 AM minute M.
21. I hereby certify that I attended the deceased from Jan 1946 to May 20 1946
that I last saw him alive on May 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Curved Stomach
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None
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) No
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature A. H. Dewing (M. D. or other)
Address 2342 St. Louis St. Date signed 5/21/46

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..... *John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address. *2223 St. Louis*

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.