

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42220**
Registrar's No. **11072**

FILED JAN 7 1948

Registration District No. _____

Primary Registration District No. **1003**

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 Louis Childrens Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 Hrs** (Specify whether
years, months or days)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **ILLINOIS** (b) County **PIKE** **999**

(c) City or town **NORRIS CITY**
(If outside city or town limits, write "RURAL")

(d) Street No. **RURAL-ROUTE-# 4**
(If rural, give location) **NR 4**

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **CAROLINE SUE BUTTRY**

3. (b) If veteran, name war **NIL**

3. (c) Social Security No. **NIL**

20. DATE OF DEATH: Month **DECEMBER** day **19**
year **1946** hour **6** minute **15 P. M.**

21. I hereby certify that I attended the deceased from **12-19 1946** to **12-19 1946**;
that I last saw her alive on **12-19 1946**
and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov - 1 - 1946**
(Month) (Day) (Year)

Immediate cause of death **Acute Hemolytic Anemia**

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy: _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
1 11 hr. min.

9. Birthplace **NORRIS-CITY ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **KENNETH-BUTTRY**

13. Birthplace **NORRIS-CITY ILLINOIS**
(City, town, or county) (State or foreign country)

14. Maiden name **ANNA-DILBACK**

15. Birthplace **STARGIS KENTUCKY**
(City, town, or county) (State or foreign country)

16. (a) Informant **KENNETH-BUTTRY**

(b) Address **NORRIS-CITY-ILLINOIS**

17. (a) **REMOVAL** (b) Date thereof **12-22-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NORRIS CITY ILL**

18. (a) Signature of funeral director **ROWLAND SERVICE**

(b) Address **4355 WASHINGTON AV**

19. (a) **DEC 24 1946** (b) **J. F. Bredeck**
(D. of 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? _____

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

23. Signature **R. J. Blottner** (M. D. or other) _____
Address **Dr. P. Kuehly** Date signed _____

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

MOTHER FATHER

11072

11072

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 Ketter*

Licensed Embalmer No. *3880*

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.