. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 4 1947
#77529
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32371
Primary Registration District No. 1003
Registrar's No. 8799

WRITE PLAINLY—USING 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-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town Saint Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3221 Cherokee 9
Memorial (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PHILLIP BUETTNER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Caroline

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased July (Month) 9, (Day) 1871 (Year)

8. AGE: Years 76 | Months 2 | Days 9 | If less than one day hr. min.

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

10. Usual occupation Tuck-Pointer

11. Industry or business

FATHER
12. Name George Buettner
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherene Johannes
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Caroline Buettner
(b) Address 3221 Cherokee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 22, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Our Redeemer Cemetery

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) SEP 19 1947 (Date received local registrar) (b) J. Beebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th year 1947 hour 10:15 minute P M.

21. I hereby certify that I attended the deceased from 9/14/47, 19..., to Sept. 18th, 1947, that I last saw him alive on Sept. 18th, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of The Pancreas	7
Due to abstructive Jaundice	4wk!
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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? (specify type of place)
While at work? (e) Means of injury

23. Signature K. D. Breyer (M. D. or other)
Address 1515 Lafayette Date signed 9/19/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 8645

P. O. Address 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.