

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1954

State File No. _____
Registrar's No. **7798**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. CITY OR TOWN **St. Louis**
d. Is Residence within limits of a city or incorporated town? Yes No

e. LENGTH OF STAY (In this place) **3 months**
f. STREET ADDRESS (If rural, give location) **2249 3420 Wisconsin Ave.**

3. NAME OF DECEASED (Type or Print)
a. (First) **George** b. (Middle) **D.** c. (Last) **Buettner**
4. DATE OF DEATH (Month) (Day) (Year) **August 21 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**
8. DATE OF BIRTH **July 25 1883** 9. AGE (In years last birthday) **71** 10. MONTHS **0** 11. DAYS **26** 12. HOURS **0** 13. MIN. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Bartender (Retired)**
10b. KIND OF BUSINESS OR INDUSTRY **Tavern**
11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.**
12. CITIZEN OF WHAT COUNTRY? **U.S.A**

13a. FATHER'S NAME **George Buettner**
13b. MOTHER'S MAIDEN NAME **Unknown**
14. NAME OF HUSBAND OR WIFE **Mary Buettner (Deceased)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No**
16. SOCIAL SECURITY NO. **492-20-0185**
17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Edward Buettner 1029 Eiler Ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma Rt Tonsil-Carcinomatous**
INTERVAL BETWEEN ONSET AND DEATH **1 yr**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Carcinoma Rt Tonsil**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **None**
19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? **145X**

22. I hereby certify that I attended the deceased from **8/15, 1953**, to **8/21, 1954**, that I last saw the deceased alive on **8/20, 1954**, and that death occurred at **2 A m.**, from the causes and on the date stated above.

23a. SIGNATURE **Armand J. Jones M.D.** (Degree or title) 23b. ADDRESS **812 Olive**
23c. DATE SIGNED **8/23/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**
24b. DATE **8/24/1954**
24c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park**
24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REG. **AUG 23 1954**
REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.**
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **L. Ziegenhein & Sons 7027 Gravois**

WRITE PLAINLY—USING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Donald E Benig

Licensed Embalmer No. *486*

P. O. Address *7027 Gra*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.