

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

3970

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo. (No. 5600 Arsenal)

File No. ....

Registered No. 582

St. 24th Ward

**2. FULL NAME**

(a) Residence. No. Charles Butler St. 18 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Mrs. Chas. Butler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11 - 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
56 7 0

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Post Office Employee  
(b) General nature of industry, business, or establishment in which employed (or employer) Messenger  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER William Butler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER not given

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not given  
(STATE OR COUNTRY)

14. INFORMANT Miss May Wendrick  
(Address) Isolation Hospital

15. FILED 3V 12 1929 W. C. Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 11 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 11 - 11:30 1929 to Jan 11 12:15 1929 that I last saw him alive on Jan 11 1929, and that death occurred, on the date stated above, at 12:15 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Meningitis, (Type as yet undetermined)  
Streptococcus  
9 2/3 (duration) 0 yrs. 0 mos. 5 ds.

CONTRIBUTORY (SECONDARY) None (duration) 0 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED At home  
IF NOT AT PLACE OF DEATH 4558 a Swan

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Laboratory

(Signed) Sergeant Harrison M. D.

1-11-1929 (Address) ISOLATION HOSPITAL

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Cook's Station Mo Jan 13 1929

20. UNDERTAKER ADDRESS

Alexander & Sons 6175 D

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1  
2  
31

