

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

Do not use this space.

1086

**1. PLACE OF DEATH**

County Tachon Registration District No. 399

Township Frank Primary Registration District No. 1002

City St. Louis Mo. (No. 1002)

File No. 1002

Registered No. 11

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Frank Butler, Francis

(a) Residence. No. 2026 E. 19th St., \_\_\_\_\_ Ward. \_\_\_\_\_ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Geora Butler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 11 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. about 28

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Butcher (b) General nature of industry, business, or establishment in which employed (or employer). \_\_\_\_\_ (c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Randall Butler

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

12. MAIDEN NAME OF MOTHER Geora Butler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ork.

14. INFORMANT. Geora Butler (Address) 2026 E. 19th

15. FILED Jan 7 1930 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-5 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-20, 1929, to 1-5, 1930 that I last saw her alive on 1-5, 1930 and that death occurred, on the date stated above, at 1:10 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia, Lobar,  
aneurysm aorta  
Hydrocephalus  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) HA (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) H. M. Smith, M. D. 1/6 1930 (Address) Gen Hoe no 2

\*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 Blue Ridge Lumber 1-8 30

20. UNDERTAKER ADDRESS Prof. A. V. Ficklin 1709 Pine

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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