

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

Do not use this space.

34964

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St. Louis*

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. *Dr. Paul Hospital*)

File No. ....  
Registered No. **10365**  
St. .... Ward)

**2. FULL NAME**

*Mrs. Margaret Butler*  
(a) Residence No. *6336 Emma Ave.* St. *6* Ward. *St. Louis Co. Mo.*  
(Usual place of abode) (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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *April 14-1906*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<i>24</i>	<i>6</i>	<i>17</i>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *At home*  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN)**

*St. Louis Mo*  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER *Arthur Hollman*

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

12. MAIDEN NAME OF MOTHER *Veronica Marcus*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *St. Louis Mo*  
(STATE OR COUNTRY)

**14.**

INFORMANT *Arthur Hollman*  
(Address) *6336 Emma Ave.*

**15.**

FILED - *1* 19*30* *Max T. Fisher*  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 31 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Oct 25* 19*30* to *Oct 31* 19*30*, and that I last saw him alive on *Oct 30* 19*30*, and that death occurred, on the date stated above, at *6:00 a.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Sub. acute Bacterial Endocarditis*  
*Chondrocarditis*  
*Chromic*  
*Myocardial infarction*  
*Pregnancy (6 mo.)*  
18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? .....

IS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *E. T. Ruddy*, M. D.  
*St. Louis* (Address) *Union Club Bldg*

\*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**

*Calvary Cemetery* DATE OF BURIAL *Nov 3 1930*

**20. UNDERTAKER**

*Strook Carrol* ADDRESS *4608 Nat Ridge*

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.

