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

Do not use this space.

36509

**1. PLACE OF DEATH**

County ..... Registration District No. 7821 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11174

City St. Louis (Mississippi's Hum Loop Marquette St. ..... Ward)

**2. FULL NAME** Chas. A. Butler

(a) Residence, No. Hotel ..... St., 23 ..... Ward. .....
(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: Male

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hotel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): "

7. AGE: Years: Ab. 62 | Months: | Days: | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Unk

11. Total time (years) spent in this occupation: Unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): J. W. Lemen, Coroner

18. BURIAL, CREMATION, OR REMOVAL PLACE Potters Field DATE 11-6/3/, 19

19. UNDERTAKER (ADDRESS): Zegenhein Bro. 2633 Chouteau Ave.

20. FILED 11-5 1931 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Found dead Oct. 10, 19 31

22. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance, 19..., to ..., 19...

I last saw h..... alive on ..., 19... Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Asphyxiation due to Drowning. How he got into the River Cause not ascertained | |

Other contributory causes of importance: Whether Accidental or Intentional Not Ascertained

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Lemen, M. D.

11/3/31 (Address) City Coroner

N.B.—Every item of information should be carefully supplied. Words should be spelled out. Abbreviations should be avoided. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.