

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

Do not use this space.

30519

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. City Hospital #1)

File No.
Registered No. 8180
St. Ward)

2. FULL NAME

(a) Residence, No. 3142 Lafayette St., 17 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 <u>Male</u>	4. COLOR, OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marie Butler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 26 - 1887</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>9</u>
	DAYS <u>14</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. <u>Switchman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Rail Road</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan 1931</u>	11. Total time (years) spent in this occupation <u>15</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>East St Louis Ill</u>		
FATHER	13. NAME <u>John Butler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>	
MOTHER	15. MAIDEN NAME <u>Katherine Powderly</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>	
17. INFORMANT <u>Marie Butler</u> (ADDRESS) <u>3142 Lafayette Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>East St Louis Ill</u> DATE <u>Sept 13 1932</u>		
19. UNDERTAKER <u>Chas. Burke</u> (ADDRESS) <u>East St Louis Ill</u>		
20. FILED <u>SEP 10 1932</u> <u>Marie Butler</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1932

22. ~~NO~~ I HEREBY CERTIFY that I attended deceased from 19..... to 19.....
No Physician in attendance

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 7:53 a.m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Fractured skull
Subarachnoid Haemorrhage
Manner and cause of same could not be ascertained

Other contributory causes of importance:
194B
132A 144 B 7 295

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? perhaps Date of injury 9/7, 1932
Where did injury occur? St. Louis Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury Unknown
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. F. Ferner M.D.
W. F. Ferner Coroner

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.

