

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

Do not use this space.

MAY 8 1935

791  
1003

14639

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City *St. Louis Mo.* (No. *Assume*)

File No. ....  
Registered No. **3474**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. *6232 Northwood*, St. *IX* 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Margaret H. Butler</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 7, 1884</i>		
7. AGE YEARS <i>50</i>	MONTHS <i>16</i>	DAYS <i>9</i>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Booker</i>	11. Total time (years) spent in this occupation <i>6</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Ins. Gen</i>	
	10. Date deceased last worked at this occupation (month and year) .....	

12. BIRTHPLACE (CITY OR TOWN) *St. Louis*  
(STATE OR COUNTRY) *Mo*

MOTHER FATHER	13. NAME <i>Ann A Butler</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>
	15. MAIDEN NAME <i>Miss Betty Henry</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>

17. INFORMANT *Margaret H Butler*  
(ADDRESS) *6232 Northwood*

18. BURIAL, CREMATION OR REMOVAL PLACE *Bellefontaine* DATE *April 19 35*

19. UNDERTAKER *Edmund Egan*  
(ADDRESS) *6175 Delman Blvd*

20. FILED *APR 17 1935* *J. Bredeck*  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 16, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 2, 1935* to *April 16, 1935*

I last saw him alive on *April 5, 1935*. Death is said

to have occurred on the date stated above, at *11 P.* m.

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

*Myocarditis chronic*  
*Hypertensive heart disease*

Date of onset  
*Dec 1934*  
*Dec 1934*

*930*

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy? *no*

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? *no*

If so, specify

(Signed) *M. E. Jones*, M. D.

(Address) *18500 Collins St.*

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.

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

