

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

Do not use this space.

JUN 12 1935

18414

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis, Mo.

Registration District No. **791**  
Primary Registration District No. **1003**

File No.....  
Registered No. **4768**  
Ward **10**

2. FULL NAME Thomas Butler

(a) Residence, No. 788 North 40th St., St. NR Ward. E. St. Louis, Ill.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
7 47 5 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Knocker  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Federal Barge Line.  
10. Date deceased last worked at this occupation (month and year) Dec. 28, 1934 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill.

13. NAME John Butler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill.

15. MAIDEN NAME Catherine Pedvelry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill.

17. INFORMANT (ADDRESS) Green Parkatory U.S. Marine Hospital, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cath. St. Louis DATE June 7<sup>th</sup> 1935

19. UNDERTAKER (ADDRESS) Robert St. Venge 629 North 4th St. St. Louis, Mo.

20. FILED MAY 29 1935 19. J. F. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1934, 19... to May 28, 1935, 19... I last saw him alive on May 28, 1935, 19... Death is said to have occurred on the date stated above, at 6:45 AM

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

Cirrhosis of the liver Date of onset Not known.  
Symptoms first appeared 1/4/1935.

Other contributory causes of importance: 34  
Syphilis, tertiary Unknown  
Hemorrhage, cerebral, old 1/4/1935.

Nephritis, parenchymatous Chronic Unknown  
Cardiac dilatation Irreversible Unknown  
Name of operation None Date of Unknown

What test confirmed diagnosis? Clinical (Was there an autopsy?) No

23. If death was due to external causes (violence), fill in also the following: No  
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) H. C. Knight M. D.  
(Address) U.S. Marine Hospital, St. Louis, Mo.

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.

