

JAN 13 1938

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

Do not use this space.

791

41438

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City - *St. Louis*

(No. *1003*)

*1003*

File No.....

Registered No.....

*10662*

St.....

Ward.....

2. FULL NAME

(a) Residence, No.....

*3111 Adams*

St.,

*18*

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.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Col</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>Ben Butler</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 25, 1874</i>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<i>60</i>	<i>11</i>	<i>19</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Sampling</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Work</i>			
	10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation				

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>
	13. NAME <i>Ellis Jones</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>
	15. MAIDEN NAME <i>Unknown</i>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>
	17. INFORMANT <i>Ben Butler</i> (ADDRESS) <i>3111 Adams St.</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Cathedral of the Sacred Heart</i> DATE <i>Dec 19 1935</i>	
19. UNDERTAKER (ADDRESS) <i>F. A. Dyer 2915 Franklin Ave.</i>	
20. FILED <i>DEC 17 1935</i> 19..... Registrar. <i>J. Bredeck</i>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 14 1935*

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

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

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

*Chronic Myocarditis; Chronic Intermittent Nephritis - Arteriosclerosis.*

Date of onset

Other contributory causes of importance:

*131*

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?  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).....

(Address).....

....., M. D.

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.

100-11-23-37

