

MAR 5 - 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....  
Towship.....  
City St. Louis (No. 4765 Cupples Place)

Registration District No. 791  
Primary Registration District No. 1003

File No. 8354  
Registered No. 1805  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Amos Butler

(a) Residence, No. 4765 Cupples Place St. 6 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
65 6 2

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

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

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills. 2

13. NAME Lafayette Butler 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Anna Butler  
(ADDRESS) 4765 Cupples Place

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Zion Cemetery DATE Feb. 11, 1937

19. UNDERTAKER Arthur J. Donnelly Undt. Co.  
(ADDRESS) 3840 Lindell Blvd.

20. FILED FEB 10 1937  
J. B. Bredek Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1937 19

22. HEREBY CERTIFY That I attended deceased from Dec. 19 1935 to Feb. 9 1937

I last saw him alive on Feb. 9 1937 Death is said to have occurred on the date stated above, at 11:50 a.m.

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

Carcinoma of prostate Date of onset

Metastasis

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? May 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) Herbert M. D.

(Address) 773 The University Club Bldg

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.

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