

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.....  
Township.....  
City..... St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
City..... St. John's Hospital

8826  
File No. 2315  
Registered No. ....  
St. .... Ward

## 2. FULL NAME

Charles Butler

(a) Residence, No. 2312<sup>A</sup> Hubert St. 20 Ward.

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## 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 Clara Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
39 2 1

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

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

10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) East St. Louis, Ill

13. NAME Michael J. Butler 15

14. BIRTHPLACE (CITY OR TOWN) Ireland

15. MAIDEN NAME Rose McDonald

16. BIRTHPLACE (CITY OR TOWN) St. Clair Co, Ill

17. INFORMANT Chas. Buebe

18. BURIAL, CREMATION, OR REMOVAL PLACE East St. Louis, Ill DATE Feb 26 1937

19. UNDERTAKER Chas. Buebe

20. FILED FEB 25 1937 J. Bredeck Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1937

22. I HEREBY CERTIFY That I attended deceased from 2-14-37 to 2-24-37, 1937

I last saw him alive on 2-23-37, 1937. Death is said to have occurred on the date stated above, at 12:00 A. M.

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

Other contributory causes of importance:  
95

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? y

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) Chas. Buebe M. D.

(Address) 37 St. Washington

Date of onset

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.

000

