

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

33066

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City. St. Louis(No. Homer G. Phillips Hosp.

File No.....

Registered No. 9120

St. Ward)

2. FULL NAME

Irving Butler

(a) Residence, No.

3824 Enright

St.

19 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 1mos. 17

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Negro5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7-23-37

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.1108. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis
Missouri

13. NAME

Irving Butler14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown

15. MAIDEN NAME

Elsie Sherrod16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Memphis
Tenn.17. INFORMANT
(ADDRESS)Arthur May Sherrod
2601 N. Whittier

18. BURIAL, CREMATION, OR REMOVAL

PLACE

City CemeteryDATE 9/30/37

19. UNDERTAKER

(ADDRESS)

Edward J. Lussan
2601 N. Whittier

20. FILED

SEP 29 1937

J. J. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

9-3-37

22. I HEREBY CERTIFY, That I attended deceased from

....., 19..... to 19.....

I last saw him alive on 9-3-, 1937 Death is saidto have occurred on the date stated above, at 4:22 a.

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

Marasmus due to

Date of onset

anemia8-2-37

Other contributory causes of importance:

Primary Anemia congenital

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

What test confirmed diagnosis? clinical 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?

If so, specify.....

(Signed) Thomas C. McCall

M. D.

(Address) 2601 N. Whittier

