

OCT 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 490 File No. 35302
Township Clayton Primary Registration District No. 60339 Registered No. 337
City Clayton (No. St. Louis County Hospital St. _____ Ward)

2. FULL NAME

James E. Butcher
(a) Residence, No. 26 N. Central St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 1 ?

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
abd 65

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME James Butcher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Alice Jones

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

17. INFORMANT daughter, Alma Fredeking
(ADDRESS) 26 N. Central, Clayton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Samuel Hill DATE Sept 20 1937

19. UNDERTAKER Paul W. Williams
(ADDRESS) 4535 Washington Ave.

20. FILED 9/20 1937 Dr. J. Squicelli
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1937, to 9-17, 1937.

I last saw him alive on 9-17, 1937. Death is said to have occurred on the date stated above, at 10:50 P. M.

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

Chronic Myocardite
with Myocardial Degeneration
Arterial Sclerosis
Arterial Hypertension

Other contributory causes of importance: 930

Cystitis 9/17/37

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937

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 _____

(Signature) [Signature]

(Address) St. Louis County Hospital

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.

