DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30722

Registrar's No. 7785

REC'D OCT 14 1939

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County: 1

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 8/28/39 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: 1

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 4457 Cottage
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

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3. (a) PRINT FULL NAME: Luella Butler 346

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: F

5. Color or race: C

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: Jerry Butler

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: March 31, 1873 (Month) (Day) (Year)

8. AGE: Years 66 | Months 5 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace: Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation: laundress 1

11. Industry or business:

FATHER
12. Name: Mitchell Anderson 1
13. Birthplace: Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ella Reeves
15. Birthplace: Virginia (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Lucillie Pride
(b) Address: 4207 East Finney

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof: 9. 10. 1939 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: Ankin L. Toney
(b) Address: 3129 Lucas ave

19. (a) SEP 9 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5 year 1939 hour 12 minute 55 a M.

21. I hereby certify that I attended the deceased from 8/28/39, 19__, to 9/5/39, 19__; that I last saw h. or alive on 9/5/39, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis with hypertension	10-12 years
Due to --	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	
Major findings: -- Of operations	
Of autopsy --	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1 (Specify type of place)

While at work? (e) Means of injury:

23. Signature: H. J. Lyman (M. D.)

Address: 2601 N. Whittier Date signed: 9/8/39

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me.

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Clark Young.

Licensed Embalmer No. 3371

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.