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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20054

JUL 17 1940

State File No.

5002

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County 1
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community 15 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
(d) Street No. 2409 Hadley St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6,
year 1940 hour 10:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from June
4, 19 40, to June 6, 19 40;
that I last saw him alive on June 6, 19 40;
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Elbert Butler 346
8. (b) If veteran, name war No. _____ 3. (c) Social Security No. 497-05-5578

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Goldie Butler 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased October 6, 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 8 0 hr. _____ min.

9. Birthplace Brookland Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman W.P.A.

11. Industry or business _____

12. Name Andrew Butler

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

14. Maiden name Ella Stewart

15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Goldie Butler

(b) Address 2409 Hadley St.

17. (a) Burial (b) Date thereof 6-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paragould, Arkansas

18. (a) Signature of funeral director H. J. Leiden and Co.

(b) Address 2223 St. Louis Ave.

19. (a) JUN 7 1940 (b) J. P. Brudwick
(Date received local registrar) (Registrar's Signature)

Immediate cause of death
Meningitis Acute
Non Bacterial
Due to Dreptococcus
hemolyticus
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?

(Specify type of place)
While at work? _____ (Specify type of place)
D) Means of injury _____

23. Signature J. P. Brudwick (M. D. or other) _____
Address 1515 Lafayette Date signed 6/7/40

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2203 St. Louis Ave

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

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