

No. 2
-17-30-39
-21-39
I X21492

Registration District No. 284 Primary Registration District No. 200 Registrar's No. 1502

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 8/6/40.
(Specify whether
In this community 1 DAY
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County _____
(c) City or town Christopher
(If outside city or town limit write "RURAL")
(d) Street No. 707 So. Victor Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME William Harve Butler
3. (b) If veteran, name war Spanish-American No. 343-09-2871
3. (c) Social Security _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 7th
year 1940 hour 12:22 minute _____ P.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Isabela 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased March 9 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
August 6, 1940 to August 7, 1940;
that I last saw him alive on August 7, 1940;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
62 4 28 hr. min.

Immediate cause of death.
Hypertensive heart disease with myocardial damage and myocardial insufficiency. Duration unkn

9. Birthplace Randolph Co., Illinois
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation Joy Boss in Coal Mine

Other conditions Chronic nephritis with marked nitrogen retention.

11. Industry or business Coal Mine
12. Name John Butler
18. Birthplace Rockwood Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Bell Haskins
15. Birthplace Rockwood Illinois
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy No autopsy.

16. (a) Informant M. Schell
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(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?

17. (a) Removal (b) Date thereof 8-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(Specify type of place)
While at work at home (e) Means of injury _____

(c) Place: burial or cremation Christopher
(d) Signature of funeral director Gilbert Funeral Home
(b) Address Christopher

23. Signature C. W. HUGHES, M.D. (M. D. or other)
Address Chief Medical Officer Date signed 8/7/40

19. (a) AUG 7 - 1940 (b) W. M. Schell
(Date received local registrar) (Registrar's signature)

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

m

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

Howard P. Rawland

Licensed Embalmer No. *2114*

P. O. Address

Thermon, Mo

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.