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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33361

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 8316

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: St Marys Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5weeks (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DEACESED: 96

(a) State Missouri (b) County 0

(c) City or town Kinlochs 0 NR
(If outside city or town limits, write "RURAL")

(d) Street No. Evergreen & Sutter ave
(If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM H. BUTLER

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. none

4. Sex male 2 5. Color or race colored 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife: Alice Butler 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April (Month) 14 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
76	6	3	hr. min.

9. Birthplace Natchas (City, town, or county) Mississppi (State or foreign country) 1

10. Usual occupation Clerk

11. Industry or business Meyer Drug Co

MOTHER FATHER

12. Name Hezikah Butler

13. Birthplace Mississppi (City, town, or county) 1 (State or foreign country)

14. Maiden name Roseanna Henderson

15. Birthplace Mississppi (City, town, or county) 1 (State or foreign country)

16. (a) Informant Alice Butler

(b) Address Kinloch Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/22/41 (Month) (Day) (Year)

(c) Place: burial or cremation St Peters Cemetery

18. (a) Signature of funeral director C. W. Roberts

(b) Address 3035 Lucas ave

19. (a) OCT 20 1941 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day ~~16~~ 17th year 1941 hour 6 minute 30 a. M.

21. I hereby certify that I attended the deceased from July 17 — 1941, to 10 — 17 — 1941, that I last saw him alive on 10-17- 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr myocarditis	1936
Due to Arteriosclerosis	1930
Due to Chr Nephritis	1935
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

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

23. Signature J. Roy Johnson (M. D. or other)

Address Ferguson Mo Date signed 10-18-41

(Licensed Embalmer's Statement on Reverse Side)

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 William Claude Gordo

Licensed Embalmer No. 3489

P. O. Address 2649 Delmar,

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, fact should be so stated above.