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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 360139

FILED NOV 3 1941

Registration District No. 184 Primary Registration District No. 101 Registrar's No. 2173

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day 5 min. (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. Woodstock & Behle Rd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elsie Butler
3. (b) If veteran, name war no
3. (c) Social Security No. unknown
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rufus Butler
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased May (Month) 7 (Day) 1914 (Year)

8. AGE: Years	Months	Days	If less than one day
27	5	18	hr. min.

9. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER 12. Name John Neal
13. Birthplace unknown (City, town, or county) Tenn. (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mr. Rufus H Butler
(b) Address Rt. 10 Ferguson
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-25-41 (Month) (Day) (Year)
(c) Place: burial or cremation Paragould Ark.
18. (a) Signature of funeral director Geo. L. Pleitsch
(b) Address 5966 Easton
19. (a) OCT 25 1941 (Date received local registrar) (b) C. G. McGavron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1941 hour 12 minute 35 A. M.
21. I hereby certify that I attended the deceased from 10-24-41, 19..., to 10-25-41, 19...; that I last saw her alive on 10-25-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Hemorrhage	
Shock	
Due to: atony of uterus, laceration of uterus	8 hrs
Due to: [illegible]	
Other conditions (Include pregnancy within 3 months of death): Placenta Previa Centralis	

Major findings:
Of operations
Of autopsy Hemorrhage

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? (e) Means of injury

23. Signature F. B. Vatterott (M. D. or other) M.D.
Address Cape Girardeau Date signed 10-25-41

101 (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 David C. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address .....

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, fact should be so stated above.