S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8142

FILED APR 9 1943

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 3073

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

1. PLACE OF DEATH:

(a) County

(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: Homer Phillips Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
In this community 63 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9 (If outside city or town limits, write "RURAL")

(d) Street No. 317 N. Jefferson
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME Lillie Butler

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race Col 3

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Frank Butler

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

7. Birth date of deceased Feb (Month) 27 (Day) 1879 (Year)

8. AGE: Years 64 | Months 1 | Days 1 | If less than one day hr. min.

9. Birthplace Baton Rouge (City, town, or county) La 1 (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Ned Deemer
13. Birthplace Unknown (City, town, or county) — 9 (State or foreign country)

MOTHER
14. Maiden name Mary Dundee
15. Birthplace Unknown (City, town, or county) La 1 (State or foreign country)

16. (a) Informant Corine Le Rine
(b) Address 317 N Jefferson Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-43 (Month) (Day) (Year)

(c) Place: burial or cremation Na Teeny Jeff Barns

18. (a) Signature of funeral director Ellis Fun Home
(b) Address 2820 Stoddard St

19. (a) MAR 31 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28, year 1943 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from March 19, 1943, to March 28, 1943; that I last saw her alive on March 28, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ca. of Ovary	Undet.
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? (Specify type of place)

While at work? (e) Means of injury O

23. Signature S. R. Barrett (M. D. or other)

Address 2601 Whittier Date signed 3/29/43

(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~~ L. Boykin, Registered Apprentice No. MP, working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis 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, fact should be so stated above.