

Registration District No. 19 1943 818 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution:
3150 Geyer Ave /
(d) Length of stay: In hospital or institution.....
In this community..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(d) Street No. 3150 Geyer Ave
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary A. Butler
3. (b) If veteran, name war ***** 3. (c) Social Security No. *****

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased May 18 1855 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 10 16 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER

12. Name Casey Askew
13. Birthplace Mississippi (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Garrison
15. Birthplace Alabama (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julius Bischof (b) Address 3150 Geyer Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 5 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Tyler Texas

18. (a) Signature of funeral director Peetz Brothers (b) Address 3029 Lafayette Ave

19. (a) APR 7 1943 (Date received local registration) J. F. Budzisk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day April year 1943 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from April 1, 1943 to April 7, 1943 that I last saw him alive on April 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Vitamin B Deficiency

Due to... Sensitivity

Due to.....

Other condition Paralytic Muscles

Major findings: Dehydration

Of operations.....
Of autopsy.....

Duration

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?.....

While at work?..... (Specify type of place) (z) Means of injury
23. Signatur Dileign Neils (M. D. or other) Address 3661 Lafayette Ave Date signed Apr 5 1943

3281

3281

3661 Lafayette
No - 3483

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 Frank J. Owens

Licensed Embalmer No. 3245

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.