6. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39601

FILED JAN 12 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11056

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: 2701a Stoddard St. (If not in hospital or institution, write street number or location)

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

In this community 60 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 11

(c) City or town 2701a Stoddard St. (If outside city or town limits, write "RURAL")

(d) Street No. St Louis Mo 21 (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MARY W BUTIER

3. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex F

5. Color or race C

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

6. (b) Name of husband or wife WM BUTIER

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

7. Birth date of deceased Sept (Month) 1 (Day) 1879 (Year)

8. AGE: Years 64 Months 3 Days 24 If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name Peter Walton

13. Birthplace Bourbon Co. Ky. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Emma Proctor

15. Birthplace Fulton Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Albert F Walton

(b) Address 2707 Stoddard St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 3 43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk

18. (a) Signature of funeral director Clement & Son

(b) Address 2631 Cole St.

19. (a) DEC 20 1943 (Date received by local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25 year 1943 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 23 1943 to DEC. 25, 1943 that I last saw him alive on DEC. 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS — Duration 1 year

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? Means of injury

23. Signature W. H. G. Clark (M. D. or other)

Address 2748a Franklin Date signed 12/27/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.