

FILED SEP 30 1944 18  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 8014

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:  
Barnes Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community 4 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Randolph  
(c) City or town Rockwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. none  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mayme Frances Butler

3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Seaman Cornelius Butler 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased Dec. 23, 1881  
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 24 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Randolph Co. Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER { 12. Name John Holley  
13. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Ann Kent  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant S. C. Butler

(b) Address Rockwood, Ill.

17. (a) removal (b) Date thereof SEP 17 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director Charles Schneider

(b) Address Chester, Ill.

19. (a) SEP 19 1944 (b) J. Thredwell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17  
year 1944 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from  
September 14 1944 to September 17 1944  
that I last saw her alive on Sept 17 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration \_\_\_\_\_

Due to Tetanus from an injury Labor pay stopped on day an object penetrating foot

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations B. Pneumonia Of autopsy both lungs 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 James T. Vagg (M.D. or other) \_\_\_\_\_  
Address Barnes Hospital Date signed \_\_\_\_\_

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

801A

OCT 17 1944

801A

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**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.....

Licensed Embalmer No.....

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.**