V. S. No. 2
00M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED NOV 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32115

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9023

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: Missouri Baptist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks (Specify whether years, months or days)
In this community 2 wks

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Rural Route No 1
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wm David Butler
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Martha Ann
6. (c) Age of ~~husband~~ or wife if alive 65 years
7. Birth date of deceased April (Month) 8 (Day) 1872 (Year)

8. AGE: Years 72 | Months 6 | Days 14 | If less than one day hr. min.

9. Birthplace Leori (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name David Butler
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant James Butler
(b) Address 2935 N. 14 St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation Chaffee Mo.
18. (a) Signature of funeral director Bispinghoff Funeral
(b) Address Home Chaffee Mo.
19. (a) OCT 24 1944 (Date received local registrar) (b) J. Medick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22 year 1944 hour 1 minute 30 a.m.
21. I hereby certify that I attended the deceased from Oct 7, 1944, to, 19; that I last saw him alive on Oct 21, 1944, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Carcinoma of stomach
Due to HB
Due to
Other conditions Bronchopneumonia
(Include pregnancy within 3 months of death)
Major findings: Of operations Ca of stomach 10/19/44.
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

23. Signature H. J. Bergman (M. D. or other) M.D.
Address 3728 Washington Date signed 10/23/44

(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.....John Keller.....

Licensed Embalmer No.....3880.....

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.