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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

14569

State File No.

FILED APR 18 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3157

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
3020 Rutger
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 49 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3020 Rutger
(If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME Anna Butler

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

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

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August (Month) 4, (Day) 1896 (Year)

8. AGE: Years 49 Months 7 Days ~~28~~ 27 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Frank Jones
13. Birthplace Nashville, (City, town, or county) Tennesee (State or foreign country)

MOTHER
14. Maiden name Lillie Arnold
15. Birthplace Cape Girardeau, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ellen Henry
(b) Address 3103½ Caroline St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park, Cem.

18. (a) Signature of funeral director C. T. Nash
(b) Address 3847 Page Boul.

19. (a) APR 5 1946 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 1
year 1946 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 2, 1946, to Apr 1, 1946
that I last saw him alive on Apr 1, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 day
Due to Hypertension	2
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 [signature] (M. D. or other)
Address 3136 Kaulman Date signed 4/2/46

(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 James A. Hyatt, Registered Apprentice No. 393, working under my personal supervision.

Signed C. T. Nash

Licensed Embalmer No. 2439

P. O. Address 3647 Page Boul

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.