

S. No. 2  
M-5-43  
7. 5-17-39  
p 1 X36671

FILED DEC 23 1946 318

Registration District No. Primary Registration District No.

1003

Registrar's No. 10633

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr.  
(Specify whether years, months or days)

In this community About 30 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mollie 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 Widow

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased Dec. 29, 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>54</u>	<u>11</u>	<u>11</u>	hr. _____ min.
-----------	-----------	-----------	----------------

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

10. Usual occupation House work

11. Industry or business None

12. Name John McKnight

13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Overall

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

16. (a) Informant Amel Bell Cooper

(b) Address 24 Bell and Webster

17. (a) Burial (b) Date thereof 12-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director C. J. Nash

(b) Address 3847 Page Blvd

19. (a) Dec 12 1946  
(Date received local registrar) (Registrar's signature)

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. 2417a N. Taylor Ave.  
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No)  
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10,  
year 1946 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. er alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cardio renal vascular disease

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_  
Address 1212/46 Date signed \_\_\_\_\_

10

---

**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..... *C. J. Nash* .....

Licensed Embalmer No. *2432*

P. O. Address *3847 Page Bvd.*

**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.**