S. No. 2
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7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6084

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1601

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: enroute to City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4800 Maffitt ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a)-PRINT FULL NAME Charles Bee Butler

3. (b) If veteran, name war Sailor 1926

3. (c) Social Security No.

4. Sex Male

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Dec 6th 1904 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
42	2	8	hr. min.

9. Birthplace Paragould Ark. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Federated Metals

FATHER
12. Name James Butler
13. Birthplace Mississippi (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ella Palmer
15. Birthplace Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Irene Butler.
(b) Address 4800 Maffitt ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Sullivan Bro's
(b) Address 2849 N. Euclid ave.

19. (a) FEB 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 14 year 1947 hour 8 minute 05 P. M.

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

Immediate cause of death External Hemorrhage from Laceration of left Femoral Artery resulting with hemorrhage in the home of one Floyd Ellerson during a Altercation
Due to Carcinoma 4 8 8 2 N Sarah
Due to Street Accident 7:14 P.M. Feb 14 1947

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None
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) Homicide
(b) Date of occurrence Feb 14 1947
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Tavern (Specify type of place)
While at work? (e) Means of injury as above

23. Signature Jas. Vernon Hayes (M. D. or other) 3/
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

SEP 5 1942

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 Robert C. Brinkmann

Licensed Embalmer No. 3553

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.