

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9815
Registrar's No.

FILED NOV 3 1947
Registration District No. 318

Primary Registration District No. 1003

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

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

(d) Length of stay: In hospital or institution..... 1 month
(Specify whether)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... noo

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

(d) Street No. 21 2344 Chestnut
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... Lee Butler

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

3. (c) Social Security No.

4. Sex..... M 5. Color or race..... Col

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

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

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

7. Birth date of deceased..... June 4 1904
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Oct. day..... 19
year..... 1947 hour..... 3 minute..... 25 A M.

21. I hereby certify that I attended the deceased from.....
Sept. 19 47 to..... Oct. 19 47
that I last saw him alive on..... Oct. 19 47
and that death occurred on the date and hour stated above. Duration

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

43 4 15 hr. min.

Immediate cause of death..... Far Advanced Pulmonary Tuberculosis Underl.

Due to..... 1/3

Due to.....

Other conditions..... Tuberculous Enteritis
(Include pregnancy within 3 months of death)

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

10. Usual occupation..... Laborer

11. Industry or business..... none

MOTHER FATHER

12. Name..... Thomas Butler

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

14. Maiden name..... Ann

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

16. (a) Informant..... Alice Park
(b) Address..... 23 44 Chestnut

17. (a) Burial (b) Date thereof..... 10-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Washington at Park Ave

18. (a) Signature of funeral director..... A. B. Beal
(b) Address..... Oct 23 1947

19. (a) Oct 23 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations.....

Of autopsy..... No

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)

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..... 0

23. Signature..... Oscar Daniels (M. D. or other) 0

Address..... 2601 N Whittier Date signed..... 10/20/47

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

Wara J. Wilson

Licensed Embalmer No. *4435*

P. O. Address *2618 Bellegh*

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.