

No. 300
M-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10035**
3073
Registrar's No.

FILED APR 7 1948
Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE 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: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community 17 days
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. 4302a Randall Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLAUDIA VAUGHN BUTLER
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 29th
year 1948 hour 2 minute 45 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 12, 1948
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/27 to 3/29 1948
that I last saw her alive on 3/29 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 0 17 hr. min.

Immediate cause of death Diarrhea of the newborn
Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 119
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name Edward E. Butler
13. Birthplace East St. Louis, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Adele Kehoe
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Edward L. Butler
(b) Address 4302a Randall Place
17. (a) Burial (b) Date thereof 3-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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? _____

18. (a) Signature of funeral director W. A. Stock
(b) Address 2117 East Grand Blvd.
19. (a) MAR 30 1948 (b) J. F. Bruneck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) _____ (Specify type of place)
23. Signature Jackson St (M. D. or other) MD
Address 734 West Theatre Bldg Date signed 3/29/48

Dr. Jackson Eto
Missouri Bell
1 PM -

W. A. M. -

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 Frank A. Moore
Licensed Embalmer No. 3041
P. O. Address 2117 E. Grand

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.