S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 20 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17446

Primary Registration District No. 1003

Registrar's No. 4288

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: Entrance Homer Phillips Hosp.
(If not in hospital or institution, write street number or location) 1937½ Biddle

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1190

(d) Street No. 1937½ Biddle St (If rural, give location)

(e) Citizen of foreign country? 21 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Louise Butler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 3

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 4 (Month) 19 (Day) 1948 (Year)

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

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Simon Mobley
13. Birthplace (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Oreally Butler
15. Birthplace Marville (City, town, or county) Ark (State or foreign country)

16. (a) Informant Oreally Butler
(b) Address 1937½ Biddle St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Gus Lowe
(b) Address 2930 Dickson St

19. (a) MAY 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day 6th year 1948 hour minute 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.

	Duration
Immediate cause of death Broncho Pneumonia	
Primary	
Due to	
Due to 107	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? Means of injury

23. Signature Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 5/7/48

Jefferson City Printing Co.

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.