FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

34935

State File No. 2190

FILED OCT 23 1948

Registration District No. 3487

Primary Registration District No. 3066

Registrar's No.

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Kirkwood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Agnes Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 96
(c) City or town Kirkwood (If outside city or town limits, write "RURAL") 4
(d) Street No. St Agnes Home (If rural, give location) 10341 Manchester 2
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Catherine A. Butler
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F1
5. Color or race W.
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 24 (Day) 1866 (Year)

8. AGE: Years 82 Months 8 Days 26 If less than one day hr. min.

9. Birthplace St Louis Co (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Michael Butler
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Catherine Cooney
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Margaret Butler
(b) Address St Agnes Home
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation St Joseph Cem.
18. (a) Signature of funeral director Louis H. Bopp Jr.
(b) Address Kirkwood Mo
19. (a) 10-7-48 (Date received local registrar) (b) Cecil A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th 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.

DIED WITHOUT MEDICAL ATTENDANCE

	Duration
Immediate cause of death	
Cause unknown	
Due to	
Due to 200c	
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? (e) Means of injury
Signature Cecil A. Sharp (M. D.)
Address COMMISSIONER OF HEALTH Date signed 10-6-48

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 Peter B Dulgoulla

Licensed Embalmer No. 3691

P. O. Address Richmond Hwy Rd

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.