

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1949

State File No. 2525
Registrar's No. 112

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		902 101	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3704 Cook ave.</u>				d. STREET ADDRESS (If rural, give location) <u>3704 A. Cook ave.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Leola</u>		b. (Middle) _____		c. (Last) <u>Butler</u>	
4. DATE OF DEATH		(Month) <u>Jan.</u>		(Day) <u>3</u>		(Year) <u>1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 31, 1904</u>	
9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR Days <u>4</u>		IF UNDER 1 MIN. Hours <u>3</u>		11. BIRTHPLACE (State or foreign country) <u>Natchez, Miss.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>James Russell</u>		13b. MOTHER'S MAIDEN NAME <u>Annabel Busch</u>		14. NAME OF HUSBAND OR WIFE <u>dead</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Malcolm</u>		ADDRESS <u>2321 Walnut</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES (b) <u>Diabetes Mellitus</u> DUE TO (c) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>26061</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>4 1/2 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>5-11</u> , 19 <u>44</u> to <u>11-25</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>Nov. 25, 1948</u> , and that death occurred at <u>1-2-49</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. G. Clark, M.D.</u>				23b. ADDRESS <u>2748^a Franklin</u>		23c. DATE SIGNED <u>1-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan. 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father-Dickson cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 5 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>dement & Son</u>		ADDRESS <u>2629-31 Cole</u>	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

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.