

FILED FEB 26 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6022**
Registrar's No. **1457**

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

BIRTH NO. _____		REG. DIST. NO. 314		PRIMARY REG. DIST. NO. 1689		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS 3808 St. Louis Ave (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3808 St. Louis Ave				d. STREET ADDRESS 3808 St. Louis Ave					
3. NAME OF DECEASED (Type or Print) Emma			a. (First)		b. (Middle) Butler		c. (Last)		
4. DATE OF DEATH Feb. 13, 1949		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOW WIDOW		8. DATE OF BIRTH abt 80		9. AGE (In years less birthday) abt 80		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HRs. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME Unknown Mueller			13b. MOTHER'S MAIDEN NAME Anna Unknown			14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Harry Upshaw ADDRESS 4201 Ashland					
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute intestinal obstruction ANTECEDENT CAUSES Central Permia Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 1942 DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General arterio sclerosis				INTERVAL BETWEEN ONSET AND DEATH 2 days			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19 46 , to _____, 19 49 , that I last saw the deceased alive on 2/11 , 19 49 and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE Chas Eymann M.D. (Degree, if M.D.)				23b. ADDRESS 634 N Grand		23c. DATE SIGNED 2/14/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 16, 1949		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri			
DATE REC'D BY LOCAL REG. FEB 15 1949		REGISTRAR'S SIGNATURE J. B. Bassett		FUNERAL DIRECTOR'S SIGNATURE Benson Melham		ADDRESS 1431 Union Blvd.			

An Examinor
M. J. McAleer
1-5-19

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 Clement M. McNear

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.