

FILED MAR 8 1949

STANDARD CERTIFICATE OF DEATH

6948 State File No. 0030

No. 500  
10-48

96  
6

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

BIRTH NO. _____		REG. DIST. NO. <u>307</u>		PRIMARY REG. DIST. NO. <u>1064</u> Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>0000</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</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>		17 19	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Penn Nursing Home</u>			d. STREET ADDRESS (If rural, give location) <u>5231 Pierce Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>FRANK</u>		a. (First)	b. (Middle) <u>L.</u>	c. (Last) <u>BUTLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Sep't. 6, 1872</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Days <u>5</u>	IF UNDER 2 HRS. Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired 15 Years</u>		11. BIRTHPLACE (State or foreign country) <u>DeSoto, Mo.</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Late Mary A. Butler</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Walter McDonnell</u> ADDRESS <u>5239 Pierce Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>	ANTECEDENT CAUSES				<u>1 week</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic cardiovascular disease &amp; decompensation</u>				<u>1 year</u>	
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <u>None 93d</u>					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>49 21</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Jan 31, 1949</u> to <u>Feb 6, 1949</u> , that I last saw the deceased alive on <u>Feb 3, 1949</u> , and that death occurred at <u>3:00A</u> m., from the causes and on the date stated above.						
23a. SIGNATURE <u>Lewis Littmann MD</u>		(Degree or title)		23b. ADDRESS <u>8231 Clayton Rd (17)</u>	23c. DATE SIGNED <u>2/7/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 8, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2/7/49</u>	REGISTRAR'S SIGNATURE <u>Thurmond L. Lurgan MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway</u>			

8231 Clayton 3-1

**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 Richard W. Stoverand

Licensed Embalmer No. 4007

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.