

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 11 1950

State File No. 10244
2917

BIRTH NO. 22369-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>St Louis</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis Mo</i>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis Mo</i>		d. STREET ADDRESS (If rural, give location) <i>7512 Woodstack Rd</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Anthony Hospital</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>3-27-50</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Infant</i> b. (Middle) <i>Butler</i> c. (Last)			5. SEX <i>M</i> 6. COLOR OR RACE <i>W</i>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>N</i>		8. DATE OF BIRTH <i>3/27/50</i>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 WEEK Hours Min. <i>1</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>St Louis Mo</i>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>Nolan Butler</i>		13b. MOTHER'S MAIDEN NAME <i>Virginia Zebrowsky</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Nolan Butler</i>		ADDRESS <i>7512 Woodstack</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Probably congenital heart</i>		INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Conditions contributing to the death but not related to the disease or condition causing death.			
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) <i>7512 St Louis Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>9:31</i> a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>William C. Steude M.D.</i>			23b. ADDRESS <i>539 North Grand</i>		23c. DATE SIGNED <i>3/28/50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>3/28/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Central Calvary</i>	
24d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>		DATE REC'D BY LOCAL REG. <i>MAR 28 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Sarsten</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Central Burial Co</i>		ADDRESS <i>1841 Cass</i>			

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.

Signed.....

Signed.....
Student Embalmer

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.