.S. No. 300
EV. 10.48

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15324

BIRTH NO. 25420-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 852

40 of 1

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

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Normandy
c. LENGTH OF STAY (in this place) 1½ hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Normandy Osteopathic Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2199
d. STREET ADDRESS (If rural, give location) 3927 McPherson

3. NAME OF DECEASED (Type or Print) a. (First) Caroline Sue b. (Middle) c. (Last) Butler

4. DATE OF DEATH (Month) 4 (Day) 7 (Year) 50

5. SEX Je
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ✓
8. DATE OF BIRTH 3-31-50
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 30

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) Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME C C Butler
13b. MOTHER'S MAIDEN NAME Mary Lou Workman
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 Mary Lou Butler ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity - 5 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
776 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Harriette M. Stewart S.O.V.
23b. ADDRESS 7283 National Bridge
23c. DATE SIGNED 4-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/3/50
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo

DATE REC'D BY LOCAL APR 3 1950
REGISTRAR'S SIGNATURE Herbert C. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Collier's Funeral Home ADDRESS 10123 St. Chas. Rd.

(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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed NO Embalming

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.