

No. 500
10-48

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31580**
Registrar's No. **8092**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY 21st	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res: 5234 Westminster.		d. STREET ADDRESS (If rural, give location) #5234 Westminster.	

3. NAME OF DECEASED (Type or Print) a. (First) LULU b. (Middle) BUTLER. c. (Last) CLARK.		4. DATE OF DEATH (Month) (Day) (Year) Sep't 23, 1950.	
5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH October 26, 1884.
9. AGE (In years last birthday) 65.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home.....	11. BIRTHPLACE (State or foreign country) Chicago, Illinois./
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Frank S. Butler.		13b. MOTHER'S MAIDEN NAME Lucretia Taylor.		14. NAME OF HUSBAND OR WIFE R. Vernon Clark.	
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 ADDRESS R. Vernon Clark, 5234 Westminster Place.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor		INTERVAL BETWEEN ONSET AND DEATH 17 months	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Autopsy was not permitted. Tumor considered as malignant (dupp. report)			
II. OTHER SIGNIFICANT CONDITIONS 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 checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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 **May**, 1949, to **Sept 23**, 1950, that I last saw the deceased alive on **Sept 21**, 1950, and that death occurred at **6 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. M. O. Grant		23b. ADDRESS 114 N. Taylor Ave		23c. DATE SIGNED Sept 23 '50	
24a. BURIAL, CREMATION, REMOVAL, ENTOMBMENT		24b. DATE 9/27/50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum.	
				24d. LOCATION (City, town, or county) (State) 7800 St. Charles Rock Road.	

DATE REC'D BY LOCAL REG. SEP 25 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, 7233 Delmar Blv'd.,	
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 6 1962

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 Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 4007 Jennings Rd

Pine Lawn, Mo.

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.