

FILED JAN 13 1951

STANDARD CERTIFICATE OF DEATH

42074

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11084

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis, Mo.
c. LENGTH OF STAY (in this place) LIFETIME
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS
d. STREET ADDRESS (If rural, give location) 2143 FARRAR ST.

3. NAME OF DECEASED (Type or Print)
a. (First) MARIA
b. (Middle) _____
c. (Last) Butler
4. DATE OF DEATH (Month) (Day) (Year) 12-25-50

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 8-24-69
9. AGE (In years last birthday) 81
If UNDER 1 YEAR: Months _____ Days _____
If UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Herman Ilges
13b. MOTHER'S MAIDEN NAME Elizabeth Schlitmann
14. NAME OF HUSBAND OR WIFE George Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME MRS. J. FEZIK ADDRESS 2143 FARRAR ST.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralytic ileus
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of pylorus.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis & hydrops of gall-bladder

INTERVAL BETWEEN ONSET AND DEATH
2 wks
6 mos. +
10 yrs.

19a. DATE OF OPERATION 12-4-50.
19b. MAJOR FINDINGS OF OPERATION Carcinoma of pylorus; Cholelithiasis & hydrops.
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) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? 165X

22. I hereby certify that I attended the deceased from 11-25-50 to 12-25-50, 19____, that I last saw the deceased alive on 12-25-50, 19____, and that death occurred at 10:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles S. Shewin M.D.
23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo.
23c. DATE SIGNED 12-26-50.

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 12-28-50
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL REG. DEC 26 1950
REGISTRAR'S SIGNATURE J. B. Foster
25. FUNERAL DIRECTOR'S SIGNATURE SUEDMEYER & SONS ADDRESS 3934 N. 20 ST.

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

Embalmer Report Cert. filed

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

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.