

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1951

318

1003

State File No. 2393  
499  
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 2393 499			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					
-d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home 4385 Maryland Ave.				d. STREET ADDRESS (If rural, give location) 5408 Bartmer Ave.					
3. NAME OF DECEASED (Type or Print) CARRIE			a. (First)		b. (Middle) BUTTS		c. (Last)		
4. DATE OF DEATH		Month		Day		Year			
Jan.		16		1951					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated		8. DATE OF BIRTH June 24, 1884			
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Highland, Ill.			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME George Young		13b. MOTHER'S MAIDEN NAME Gusti Kohler		14. NAME OF HUSBAND OR WIFE Clarence Butts			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Lillian Chiles, Sappington, Mo. ADDRESS Contbrd School Rd.					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema ANTECEDENT CAUSES DUE TO (b) Decompensated Fibrosclerosis DUE TO (c) Ch. Hypertension Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH Hours 44 3/4	
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)					
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 Jan 15, 1951, to Jan 16, 1951, that I last saw the deceased alive on Jan 15, 1951, and that death occurred at 4:00 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) E. B. Parson				23b. ADDRESS 4968 Delmar Blvd		23c. DATE SIGNED 1/17/51			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan. 19, 1951		24c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE JAN 1 1951		REGISTRAR'S SIGNATURE E. B. Parson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.					

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

JAN 1 1951

(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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Edwin A. McHernatt*

Licensed Embalmer No. 3024

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.