

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003 State File No. 13867  
3529

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2129</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>4515 LINDELL BLVD;</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. LUKES HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES</u> b. (Middle) <u>HILL</u> c. (Last) <u>BUTTERWORTH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 13, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Aug. 2, 1884</u>		9. AGE (In years last birthday) <u>67</u>		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY - - - - -		11. BIRTHPLACE (State or foreign country) <u>Murphysboro, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>unk Hill</u>		13b. MOTHER'S MAIDEN NAME <u>unk</u>	
14. NAME OF HUSBAND OR WIFE <u>Asa Clair Butterworth.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W.W. Kratz;</u>		ADDRESS <u>4515 Lindell Blvd;</u>	
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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			INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis &amp; Infarction</u>			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>General Arterio Sclerosis</u>					
11. 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)		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? <u>H201</u>			

22. I hereby certify that I attended the deceased from Apr. 2, 1951, to Apr. 13, 1951, that I last saw the deceased alive on Apr. 13, 1951, and that death occurred at 11 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hiram. Luzzit</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>3720 Wash St. Bld. 8th</u>		23c. DATE SIGNED <u>4/14/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>		24b. DATE <u>4-17-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
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DATE RECD BY LOCAL REG. <u>APR 16 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lusater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.</u>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6229

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

*Arnold W. Schoene*

Licensed Embalmer No.

*3864*

P. O. Address

*St. Louis, 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.