

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 23 1951

State File No. 17899  
Registrar's No. 4113

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (In this place) <b>10 Wks.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>		<b>4703</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge</b>			d. STREET ADDRESS (If rural, give location) <b>800 E. Monroe</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ildephonse</b>		b. (Middle) _____	c. (Last) <b>Butler</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 29, 1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Dec. 25, 1884</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Michael Butler</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Cooney</b>		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) <b>No</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mother Celeste, Kirkwood 22, Mo.</b>		
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) <b>Carcinomatous &amp; cachexia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 mo.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of rectum</b>				<b>2 yrs.</b>
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION <b>2/15/51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinomatous</b>			20. AUTOPSY? YES <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>152X</b>		
22. I hereby certify that I attended the deceased from <b>2-15-1951</b> , to <b>4-29-1951</b> , that I last saw the deceased alive on <b>4-29-1951</b> , and that death occurred at <b>10:20 P m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Harry K. Purcell M.D.</b>			23b. ADDRESS <b>4660 Maryland</b>		23c. DATE SIGNED <b>5-1-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-2-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kirkwood</b>	
DATE REC'D BY LOCAL REG. <b>MAY 1 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Luster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Meyer Pfitzinger</b> ADDRESS <b>Kirkwood</b>	

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

**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 *William H. Fitzinger*.....

Licensed Embalmer No. *9316*.....

P. O. Address *Kennett, 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.