

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
3618
Registrar's No. _____

No. 300
10.48

FILED NOV 24 1951
XC-16 206 748
Reg. 97610

BIRTH NO. _____ REG. DIST. NO. 3.7 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 2119	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRAKKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 11 days		d. STREET ADDRESS (If rural, give location) 1218 E. AULDINE	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIE b. (Middle) - c. (Last) BUTLER			4. DATE OF DEATH (Month) (Day) (Year) 11-2-51		
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5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 1-16-87		9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 2 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOUNDRY WORKER			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) ARLINGTON, TENNESSEE			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME EDWARD BUTLER			13b. MOTHER'S MAIDEN NAME NANCY RAY			14. NAME OF HUSBAND OR WIFE Ruth Butler		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) WW-1		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. HRKS. MO.		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF PROSTATE ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH 1 Year	
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19a. DATE OF OPERATION 9-14-50		19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 10-22-, 1951, to 11-2-, 1951, and that death occurred at 10:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS VA HOSP., JEFF. BRKS. MO.		23c. DATE SIGNED 11-2-51	
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24a. BURIAL, CREMATION, REMOVAL		24b. DATE 11/7/51		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
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DATE REC'D BY LOCAL REG. 11-7-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Gates Fu. Home, 4107 Finney Ave., St. Louis, Mo.	
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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. _____

Student
Student Embalmer

Signed _____

Licensed Embalmer No. ~~4250~~ 1875

P. O. Address 4107 Finney Avenue

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.