

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

42812

FILED JAN 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11618

1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>5 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cottage Hills</u>		9120			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1453 Blackstone</u>				d. STREET ADDRESS (If rural, give location) <u>7</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amma</u>		b. (Middle) <u>Delilah</u>		c. (Last) <u>Butler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28 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>Nov. 25, 1872</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Scottville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>William Neighbors</u>			13b. MOTHER'S MAIDEN NAME <u>Melinda Hettick</u>			14. NAME OF HUSBAND OR WIFE <u>Zachariah Butler</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>Harold G. Butler</u>		ADDRESS <u>Bethalto, Ill.</u>			
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) <u>Cerebral Vascular Degeneration Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> 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	
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>332x</u>					
22. I hereby certify that I attended the deceased from <u>Nov. 13, 1951</u> , to <u>Dec. 28, 1951</u> , that I last saw the deceased alive on <u>Dec. 25, 1951</u> , and that death occurred at <u>8:42 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. F. Bergman</u>			(Degree or title) <u>D. M. D.</u>			23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>12/29/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec. 31, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Upper Alton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Alton, Illinois</u>			
DATE REC'D BY LOCAL REG. <u>DEC 29 1951</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert W. Strepper</u>		ADDRESS <u>Alton, Ill.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H. Strooper

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

**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.