

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2420

FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

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) c. LENGTH OF STAY (in this place)
St. Louis Mo.

c. CITY (If outside corporate limits, write RURAL and give township)
St. Louis 2119

d. FULL NAME OF HOSPITAL OR INSTITUTION
4738 Cook

d. STREET ADDRESS (If rural, give location)
3872 1/2 Tappan

3. NAME OF DECEASED (Type or Print)
a. (First) **John** b. (Middle) _____ c. (Last) **BUTLER** 4. DATE OF DEATH (Month) (Day) (Year)
3 2 52

5. SEX **M** 6. COLOR OR RACE _____ 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ 8. DATE OF BIRTH **11-18-96** 9. AGE (in years last birthday) **56** if under 1 year: Months _____ Days _____ if under 28 hrs: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **retired** 10b. KIND OF BUSINESS OR INDUSTRY **retired** 11. BIRTHPLACE (State or foreign country) **Illinois** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **W.R.** 13b. MOTHER'S MAIDEN NAME **W.R.** 14. NAME OF HUSBAND OR WIFE **W.R.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year of date of service) **no** 16. SOCIAL SECURITY NO. **W.R.** 17. INFORMANT'S SIGNATURE OR NAME **T. C. Taylor** ADDRESS **1300 York**

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.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES **Due to (b) Ruptured Aortic Aneurysm** 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.** 20. AUTOPSY? YES NO

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Min) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **H-51X**

22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Dr. J. C. Smith M.D.** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **3/6/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE **3-30-52** 24c. NAME OF CEMETERY OR CREMATORY **Anatomical Board** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **MAR 14 1952** REGISTRAR'S SIGNATURE **J. C. Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Clark** ADDRESS **4104 Manchester Ave. St. Louis 10, Mo.**

No. 300
10-48
3
30
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 _____

Students of Mortuary College

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

James A. Lammer

Licensed Embalmer No. *4142*

P. O. Address. *St. Louis*

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.