

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Reg. 100406  
XC-2 230 784  
FILED MAR 20 1952

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **616**

10000

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JEFF. BRKS. MO.</b>		c. LENGTH OF STAY (in this place) <b>6 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS HOSPITAL</b>		f. CITY (If outside corporate limits, write RURAL and give township) <b>OVERLAND</b> <b>4210 X</b>	
		d. STREET ADDRESS (If rural, give location) <b>2358 S. Milton Ave.</b>	
3. NAME OF DECEASED (Type or Print) <b>MEADE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3-6-52</b>	
a. (First) <b>A.</b>		b. (Middle) <b>BUTTON</b>	
c. (Last) <b>Dr.</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>8-18-85</b>
9. AGE (In years last birthday) <b>66</b>		10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired M.D.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Doctor</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Oldham, Kentucky</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>WILLIAM P. BUTTON</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH MEADE</b>	
14. NAME OF HUSBAND OR WIFE <b>LOUELLA BUTTON</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-I</b>		16. SOCIAL SECURITY NO. <b>198-01-2854</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BRKS. MO.</b>		ADDRESS	
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>MYOCARDIAL INFARCT</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CORONARY THROMBOSIS DUE TO ARTERIOSCLEROSIS</b>		<b>1 1/2 hrs</b>	
DUE TO (c) <b>CARCINOMA OF LUNG, RIGHT</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION: <b>4701</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?			
22. I hereby certify that I attended the deceased from <b>2-29-52</b> , 19___, to <b>3-6-52</b> , 19___, and that death occurred at <b>6:15 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. Kammerer</b>		23b. ADDRESS <b>M.D. VAH JEFF. BRKS. MO.</b>	
23c. DATE SIGNED <b>3-6-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3-7-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Baumgardner Bros. Inc.</b>		ADDRESS <b>254 W. Woodson Rd - Overland - 14-Mo</b>	

**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 3454

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Oakland 1417

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.