

No. 300
10.48

FILED MAY 1 - 1952

STANDARD CERTIFICATE OF DEATH

15143

State File No. _____

XC 498 627
REG #100 663
BIRTH NO. _____

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1062

4000

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 41 DAYS		14. STREET ADDRESS (If rural, give location) 5511 DEVONSHIRE AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) --- c. (Last) BUTLER	
4. DATE OF DEATH (Month) (Day) (Year) 4-22-52			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-14-87
9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and State or Foreign Country) WAYNE CITY, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME ROBERT B. BUTLER		13b. MOTHER'S MAIDEN NAME MINNIE O. MABRY	14. NAME OF HUSBAND OR WIFE MAUDE O. BUTLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) YES WW-I		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, MO.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ADENO CARCINOMA OF PANCREAS INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES _____ DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 157X	
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) VA		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 3-12-52 , 19____, to 4-22-52 , 19____, and that death occurred on the date stated above. and that death occurred at 12:30 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE Joseph L... (Degree or title) MD		23b. ADDRESS VAH JEFF BRKS, MO.	
23c. DATE SIGNED 4-22-52			
24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-22-52	
24c. NAME OF CEMETERY OR CREMATORY 66		24d. LOCATION (City, town, or county) (State) Wayne City, Ill.	
DATE REC'D BY LOCAL REG. 4-22-52		REGISTRAR'S SIGNATURE Herbert R. Dombke MD	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

MAY 21 1952
JUL 21 1952

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John S. Bernely
Licensed Embalmer No. 41941
P. O. Address _____

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.