

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32804

State File No. ....

FILED SEP 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8257

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2189</u>	
c. LENGTH OF STAY (In this place) <u>34 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3422 Rutger Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marv's Infirmary</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samella</u> b. (Middle) c. (Last) <u>Butler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 28 52</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 17, 1909</u>
9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>11</u>	IF UNDER 2 HRS. Hours <u>11</u> 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>same</u>	11. BIRTHPLACE (State or foreign country) <u>Corinth, Mississippi</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>Will Kimmons</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude England</u>	14. NAME OF HUSBAND OR WIFE <u>Roscoe 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>500-18-0727</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roscoe Butler, 4322 Rutger St.</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>Hypertensive Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. 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	20. AUTOPSY? YES <input 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 <u>443X</u>	
22. I hereby certify that I attended the deceased from <u>July 1, 1952</u> , to <u>Aug 28, 1952</u> , that I last saw the deceased alive on <u>Aug 28, 1952</u> , and that death occurred at <u>4 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter G. Young M.D.</u>		23b. ADDRESS <u>1337 Mukel</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9/3/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>
DATE REC'D BY LOCAL REG. <u>SEP 2 1952</u>	REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Gates, 4107 Finney Ave</u>	

(Licensed Embalmer's Statement on Reverse Side)

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:

Signed.....  
Student Embalmer

Signed.....

.....  
Student Embalmer No.....

*Chas Jones*  
.....  
Licensed Embalmer No. 4289

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.