

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12080
Registrar's No. 1003

No. 300
10.48
FILED JAN 26 1953

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1003			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 5 5606 Etzel					
3. NAME OF DECEASED (Type or Print) a. (First) Wilbur b. (Middle) Allen c. (Last) Butler			4. DATE OF DEATH Dec. 30, 1952		5. SEX Male		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Oct. 20, 1890		9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Staff Assist.		
11. BIRTHPLACE (City and State or Foreign Country) Cornell, New York			12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Wilber A. Butler			13b. MOTHER'S MAIDEN NAME Sarah Cameron	
14. NAME OF HUSBAND OR WIFE Mary			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-03-5467		17. INFORMANT'S SIGNATURE OR NAME Mary Butler		
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>Gastroctomy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Duodenal Ulcer</u> DUE TO (c) <u>Severe Hemorrhages</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 13 days 44/10 dlt Inler via	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Large Duodenal Ulcer covering Posterior Wall of same						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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5410					
22. I hereby certify that I attended the deceased from 1922 to Dec. 30, 1952, that I last saw the deceased alive on Dec. 30, 1952, and that death occurred at 2:55 P.M., from the causes and on the date stated above.									
23a. SIGNATURE <i>Thoy A. Stoval M.D.</i>				23b. ADDRESS Cheminier Berg		23c. DATE SIGNED 12/31/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/2/53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. DEC 31 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. GENERAL DIRECTOR'S SIGNATURE Wm. F. Smart		ADDRESS 1225 Union			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address St 3505 Oakdale

St. Louis 20, Mo.

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.