

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11343**
2734
Registrar's No. _____

FILED MAR 31 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
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) St. Louis		c. LENGTH OF STAY (In this place) 50-yrs.	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2059
d. FULL NAME OF HOSPITAL OR INSTITUTION 6108 Waterman Ave.			d. STREET ADDRESS (If rural, give location) 6108 Waterman Ave.		
3. NAME OF DECEASED (Type or Print) Josephine		a. (First) L.	b. (Middle) Butler	c. (Last) Butler	4. DATE OF DEATH (Month) (Day) (Year) Mar. 11, 1953
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH Unk. Unk. 1864	9. AGE (In years last birthday) 89 If under 1 year: Months _____ Days _____ If under 12 hrs: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John Butler		13b. MOTHER'S MAIDEN NAME Agnes Brown		14. NAME OF HUSBAND OR WIFE _____	
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. none	17. INFORMANT'S SIGNATURE AND NAME ADDRESS Mr. Andrew Butler, 6108 Waterman Ave.		
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) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Art. sclerosis. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 wks
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) 332X		
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 Nov. 1 19 52 to March 11, 1953 , that I last saw the deceased alive on March 10, 1953 and that death occurred at 8:35 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE J. B. Jordan M.D.			23b. ADDRESS 539 N. Howard St. St. Louis		23c. DATE SIGNED 3/11/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Mar. 12, 1953	24c. NAME OF CEMETERY OR CREMATORY St. Margaret's Cemetery	24d. LOCATION (City, town, or county) (State) Davenport, Iowa		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 12 1953 J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE W. Donnelly		ADDRESS 3840 Lindell Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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 *me*

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. *4699*

P. O. Address *St Charles 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.