

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26191**
Registrar's No. **6185**

FILED AUG 12 1953

BIRTH NO. **54978-53** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Heights		c. LENGTH OF STAY (in this place) 2 min.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eureka		4740	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarinate Word Hosp.			d. STREET ADDRESS (If rural, give location) Box 149, Rt. 1			
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) W c. (Last) BUTLER, JR.			4. DATE OF DEATH (Month) (Day) (Year) June 20, 1953			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 6-20-1953	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Albert W. Butler		13b. MOTHER'S MAIDEN NAME Marjorie Spacak		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Albert W. Butler, above 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) Atelectasis of lungs ANTECEDENT CAUSES (b) prematurity, breech-position DUE TO (c) spina bifida II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH minutes
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Died 2 minutes after delivery			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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 762.5		
22. I hereby certify that I attended the deceased from 19 to 6/20 , 19 53 , that I last saw the deceased alive on 6/20 , 19 53 , and that death occurred at 4:15 p.m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Maximilian Heitman M.D.			23b. ADDRESS 3530 ARSENAL, St. Louis		23c. DATE SIGNED 6/20/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-22-53	24c. NAME OF CEMETERY, OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL JUN 22 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, Maplewood, Mo.		

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 _____

Not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J.P. Burgess* _____

Licensed Embalmer No. *4039* _____

P. O. Address *Maplewood* _____

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.