

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27270

State File No.

FILED JUL 23 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1835

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Indiana</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wellston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Indianapolis</u>	
c. LENGTH OF STAY (in this place) <u>34 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>12. E. Michigan Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GERTRUDE</u> b. (Middle) _____ c. (Last) <u>BUTLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 30, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Jan. 30, 1897</u>		9. AGE (In years last birthday) <u>56</u>		10. <input type="checkbox"/> UNDER 1 YEAR Days <u>5</u> <input type="checkbox"/> UNDER 1 MONTH Hours <u>_____</u> Mins. <u>_____</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Fort Wayne, Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				13. FATHER'S NAME <u>Thomas F. Butler</u>	

13b. MOTHER'S MAIDEN NAME <u>Mary G. Summers</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
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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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond J. Butler (brother)</u> ADDRESS <u>1951 Northwest Blvd., Columbus, Ohio</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epilepsy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>				<u>Many yrs.</u>	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Schizophrenia, Mixed Type, Chronic</u>				<u>36 yrs.</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from Dec. 5, 1949, to June 30, 1953, that I last saw the deceased alive on June 30, 1953, and that death occurred at 6:05 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph A. Costello M.D.</u>		23b. ADDRESS <u>2407 W. Adams, St. Louis</u>		23c. DATE SIGNED <u>6/29/53</u>	
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24a. DATE <u>JULY 3, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>	
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DATE REC'D BY LOCAL REG. <u>7-2-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domba M.O. Pullen - Kelly</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>7267 Natl Bridge</u>	
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54 (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ronald O. Zahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.