No. 300
10-48

FILED JUL 22 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

25709

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1604

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

**1. PLACE OF DEATH**
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Valley Park
c. LENGTH OF STAY (in this place) 7 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Moll's Nursing Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN Kirkwood 468 3
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 401 Way Ave,

**3. NAME OF DECEASED** (Type or Print)
a. (First) John
b. (Middle) Armour
c. (Last) Butts

**4. DATE OF DEATH** (Month) July (Day) 6 (Year) 1954

**5. SEX** Male
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed
**8. DATE OF BIRTH** Dec 28 1861
**9. AGE** (In years last birthday) 82 — IF UNDER 1 YEAR Months 6 Days 9 — IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Merchant
**10b. KIND OF BUSINESS OR INDUSTRY** Wholesale
**11. BIRTHPLACE** (City and State or Foreign Country) St. Louis Mo.
**12. CITIZEN OF WHAT COUNTRY?** America

**13a. FATHER'S NAME** Henry B. Butts
**13b. MOTHER'S MAIDEN NAME** Lucinda Bishop
**14. NAME OF HUSBAND OR WIFE** Kate Butts

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** 496-20-7865-A
**17. INFORMANT'S SIGNATURE OR NAME** Mrs H. Patton — ADDRESS 401 Way Ave Kirkwood

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac dilatation — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic myocarditis — 3 yrs
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** 4222
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 1-2-, 1954, *to* 7-6, 1954, *that I last saw the deceased alive on* 7/4, 1954 *and that death occurred at* 5:45 A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) C. A. Heslie MD
**23b. ADDRESS** Kirkwood 22 Mo
**23c. DATE SIGNED** 7/6/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Cremation
**24b. DATE** 7-8-54
**24c. NAME OF CEMETERY OR CREMATORY** Valhalla Crematory
**24d. LOCATION** (City, town, or county) St. Louis County Mo. (State)

**DATE REC'D BY LOCAL REG.** 7/7/54
**REGISTRAR'S SIGNATURE** Herbert R. Domkerk
**25. FUNERAL DIRECTOR'S SIGNATURE** Meyer-Pfitzinger — ADDRESS Kirkwood 22 Mo.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William H. Pfitzinger

Licensed Embalmer No. 431

P. O. Address Kirkwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.