

FILED MAR 1 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6661

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bel-Ridge	
c. LENGTH OF STAY (In this place) D.O.A.		4190	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. St. County Hospital		d. STREET ADDRESS (If rural, give location) 3641 West Maline	

3. NAME OF DECEASED (Type or Print) Rufus Harold Butler			4. DATE OF DEATH Jan. 26, 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 26, 1913	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Repair		10b. KIND OF BUSINESS OR INDUSTRY Contractor		11. BIRTHPLACE (City and State or Foreign Country) Senath, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John W. Butler		13b. MOTHER'S MAIDEN NAME Rosa Whitehead		14. NAME OF HUSBAND OR WIFE Mrs. Velda Michels	
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. 486-16-1471		17. INFORMANT'S SIGNATURE OR NAME Mrs. Velda Butler	
				ADDRESS 3641 West Maline	

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 Laceration of heart and aorta, caused by a gunshot, fired from a 45 cal. automatic pistol which was discharged in some undetermined manner when he evidently tried to pick it up from the baby crib in the baby room on the first floor of his home.				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b)					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bel-Ridge St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1/26/55 11:42 P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Gun discharged when he reached in baby crib to pick it up; lo	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Arnold J. Williams</i> 2 Coroner		23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 2/5/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 29, 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
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DATE REC'D BY LOCAL REG. 1-28-55		REGISTRAR'S SIGNATURE Herbert P. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Cullen Kelly		ADDRESS 7267 Natural Bridge	
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(Licensed Embalmer's Statement on Reverse Side)

520

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

No. 300  
10.48

**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 Ben G Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis 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.