

FILED MAR 22 1956

## STANDARD CERTIFICATE OF DEATH

10505

State File No. ....

318

1003

2357

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

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri.</u>		c. LENGTH OF STAY (In this place) <u>4 yrs.</u>	c. CITY OR TOWN <u>St. Louis,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bernard Nursing Home.</u>			e. STREET ADDRESS (If rural, give location) <u>#4907 Pershing Avenue, 21270</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JENNIE</u> b. (Middle) <u>MARKLE</u> c. (Last) <u>BUTLER.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 5, 1956</u>		
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>	8. DATE OF BIRTH <u>Jan'y 21, 1871.</u>	9. AGE (In years last birthday) <u>85.</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home..</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife..</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Samuel Markle.</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Gere</u>		14. NAME OF HUSBAND OR WIFE <u>Henry S. Butler.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry J. Butler. #4907 Pershing Ave.,</u>		
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) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Generalized Arteriosclerosis 1 year</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		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)		
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?		
22. I hereby certify that I attended the deceased from <u>Jan 5, 1954</u> , to <u>3-5, 1956</u> , that I last saw the deceased alive on <u>3-4, 1956</u> , and that death occurred at <u>6<sup>00</sup> p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Albert Kaplan MD</u>			23b. ADDRESS <u>607 N. Grand</u>		23c. DATE SIGNED <u>3-6-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3/7/56.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood 22, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 6 1956</u>		REGISTRAR'S SIGNATURE <u>Charles Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton &amp; Sons, #7233 Delmar Blvd.,</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

office 12 noon.

AUG 1 1958

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.....  
Signature of Student Embalmer

Signed *Arnold W. Schoen*

Licensed Embalmer No. 384

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.