.300
.48

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10506

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2823

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 23 1245 N. 15th St. 22510

3. NAME OF DECEASED (Type or Print)
a. (First): Oscar
b. (Middle):
c. (Last): Butler

4. DATE OF DEATH (Month) 3 (Day) 17 (Year) 56

5. SEX Male 1
6. COLOR OR RACE Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 7
8. DATE OF BIRTH June 4, 1906
9. AGE (In years last birthday) 49 — IF UNDER 1 YEAR: Months 9 Days 12 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
10b. KIND OF BUSINESS OR INDUSTRY: Police Dept.
11. BIRTHPLACE (City and State or Foreign Country): Mount Row, Ark.
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME: Jesse Butler
13b. MOTHER'S MAIDEN NAME: Ella Jenkins
14. NAME OF HUSBAND OR WIFE: Mary Butler

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.: 431-09-9854
17. INFORMANT'S SIGNATURE OR NAME: Mary Butler ADDRESS: 1215 N. 15 th. St.

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) Rheumatic heart disease, decompensated. — INTERVAL BETWEEN ONSET AND DEATH: Undt.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver. Cerebral Embolism.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 416x
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* 2-21- *, 19*56*, to* 3-17- *, 19*56*, that I last saw the deceased alive on* 3-17- *, 19*56*, and that death occurred at* 7:00p.m.*, from the causes and on the date stated above.*

23a. SIGNATURE E. P. Williams (Degree or title) M.D.
23b. ADDRESS: 2601 N. Whittier Street
23c. DATE SIGNED: 3-19-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/22/56
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: MAR 20 1956
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wright Funeral Home 3100 Easton Ave.

(Licensed Embalmer's Statement on Reverse Side)

PRINT LEGIBLY—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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur L Heil

Licensed Embalmer No. 42

P. O. Address 4524

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.