No. 300
10.48

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

FILED DEC 18 1956

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

State File No. 42799

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10914

**1. PLACE OF DEATH**
a. COUNTY ~~St. Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City 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) 2010 Oregon Av.
2239

**3. NAME OF DECEASED** (Type or Print)
a. (First) Alford b. (Middle) i Vernon c. (Last) Butler

**4. DATE OF DEATH** (Month) (Day) (Year) 11/27/56

**5. SEX** Male
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married
**8. DATE OF BIRTH** 10/25/83
**9. AGE** (In years last birthday) 73 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Steamfitter
**10b. KIND OF BUSINESS OR INDUSTRY** Retired
**11. BIRTHPLACE** (City and State or Foreign Country) Maryland
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** William Butler
**13b. MOTHER'S MAIDEN NAME** Unknown
**14. NAME OF HUSBAND OR WIFE** Pauline Butler

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) Yes — (If yes, give war or dates of service) Spanish American
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME** Mrs. Pauline Butler **ADDRESS** 2010 Oregon Ave.

**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) Aspiration Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Subdural Hemorrhage
DUE TO (c) Suffered in fall on Parking

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing it.* at 6th and Pine, on

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** November 10th 1956
**20. AUTOPSY?** YES ☑ NO ☐

**21a. ACCIDENT, SUICIDE, HOMICIDE** (Specify) Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) Parking Lot
**21c. (CITY, TOWN, OR TOWNSHIP)** St Louis **(COUNTY)** Mo **(STATE)** 9048
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) Nov 10 56 ? m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 45 DOD

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 1:25 p.m., from the causes and on the date stated above.*

**23a. SIGNATURE** James M Reely (Degree or title) Coroner
**23b. ADDRESS** 1300 Clark
**23c. DATE SIGNED** 11-29-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal
**24b. DATE** 11/30/56
**24c. NAME OF CEMETERY OR CREMATORY** Mt. Lebanon Cem.
**24d. LOCATION** (City, town, or county) St. Louis County (State)

**DATE REC'D BY LOCAL REG.** NOV 29 1956
**REGISTRAR'S SIGNATURE** Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE** Bull Campbell Mort. **ADDRESS** 5165 Delmar
(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 Elton R. H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis,

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.