

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH'57 022400
State File No.

FILED JUL 5 1957

5965
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5965	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. LENGTH OF STAY (in this place) 2 1/2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY'S HOSPITAL				d. STREET ADDRESS (If rural, give location) 4508 PENNSYLVANIA			
3. NAME OF DECEASED (Type or Print) Roy L. BUTLER			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) JUNE 24 1957	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT 22 1900	
9. AGE (in years last birthday) 56		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BEER BOTTLER			10b. KIND OF BUSINESS OR INDUSTRY FALSTAFF CO		11. BIRTHPLACE (State or foreign country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME LUTHER BUTLER			13b. MOTHER'S MAIDEN NAME APPIE GRAE McCULLOUGH			14. NAME OF HUSBAND OR WIFE LUCILLE BUTLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 486-09-4344		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LUCILLE BUTLER 4508 PENNSYLVANIA			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis with infarction INTERVAL BETWEEN ONSET AND DEATH 8 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic cardiovascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary thrombosis with infarction Aug. 17, 1955					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 17 Aug. 1955, to 24 June 1957, that I last saw the deceased alive on 24 June 1957, and that death occurred at 8:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Robert St. Aye (Degree or title) M.D.				23b. ADDRESS 3201 Arsenal St., St. Louis, Mo.		23c. DATE SIGNED 26 June 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) JUNE 28 1957		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY HOME CEMETERY TARKIO Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. JUN 26 57		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 2906 Grand			

(Licensed Embalmer's Statement on Reverse Side)

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

4910 S. Broadway
St. Louis, Mo. 63103
12630 m. West
PR 2-2754

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 Leo J. Budde

Licensed Embalmer No. 3989

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.