

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29288
7475

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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 OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 25 City Hospital #1				STREET ADDRESS (If rural, give location) 4633 Washington			
3. NAME OF DECEASED (Type or Print) a. (First) David		b. (Middle) Allen		c. (Last) Butler		4. DATE OF DEATH (Month) (Day) (Year) Aug. 8, 1957	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Oct. 1, 1955	
9. AGE (In years last birthday) 1		IF UNDER 1 YEAR 10 Months 4 Days		IF UNDER 24 HRS. 0 Hours 0 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME A. C. Butler		13b. MOTHER'S MAIDEN NAME Bettie Jones		14. NAME OF HUSBAND OR WIFE Single			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Bettie Butler		ADDRESS 4633 Washington	
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) Suffocation ANTECEDENT CAUSES suffered when deceased Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO cardiac failure hanging by straps (restraint) he had at City Hospital on August 8th 1957. II. OTHER SIGNIFICANT CONDITIONS had at City Hospital on August 8th 1957. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION E9257. 46				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, shop, street, office bldg., etc.) Shop		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) St Louis Mo		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) 8 8 57		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? ooo			
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 9:25 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE James M Kelly				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8-10-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/12/57		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) Berkley, Missouri	
DATE REC'D BY LOCAL REG. Aug 10 57		REGISTRAR'S SIGNATURE J. Carl Smith, Md		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Koone		ADDRESS 1221 N. Grand Blvd.	

WRITE PLAINLY—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 embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence Cross*.....

Licensed Embalmer No. *475*.....

P. O. Address *1221 N*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.