

FILED DEC 19 1957

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STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11522**

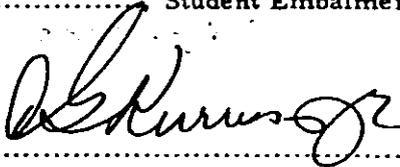
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE <i>Ill.</i> b. COUNTY <i>St. Clair</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Belleville</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo Pac Hosp.</i>		Length of stay in 1b <i>3 weeks</i>	d. STREET ADDRESS (If outside, give location) <i>Route 2. Suckner St.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>Max Butler</i>			4. DATE OF DEATH Month <i>11.</i> Day <i>30</i> Year <i>1957</i>		
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 24, 1878</i>		9. AGE (In years of birthday) <i>78</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Switchtender</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Terminal R. R. Ass'n</i>		11. BIRTHPLACE (City and state or country) <i>Brooklyn, N. Y.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Abraham Butler</i>			14. MOTHER'S MAIDEN NAME <i>unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No None</i>		16. SOCIAL SECURITY NO. <i>702-12-5035</i>		17. INFORMANT <i>Mrs. Augusta Butler, Belleville, Illinois</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary emphysema, advanced</i>					INTERVAL BETWEEN ONSET AND DEATH <i>20 yrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b)
					DUE TO (c) <i>527.1</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Arteriosclerotic heart disease.</i>					19. WAS AUTOPSY PERFORMED? <i>2</i> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Nov. 3 1957</i> to <i>Nov. 30 1957</i> and last saw <sup>her</sup> <sub>him</sub> alive on <i>Nov. 29, 1957</i> Death occurred at <i>7:17 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Donald R. Vasco M.D.</i>			22b. ADDRESS <i>Mo Pac Hosp. Hosp.</i>		22c. DATE SIGNED <i>11/30/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
<i>Burial</i>		<i>12-3-57</i>	<i>Valhalla Burial Park</i>		<i>Belleville Illinois</i>
24. FUNERAL DIRECTOR <i>W. H. Kurrus</i>		ADDRESS <i>E. St. Louis Ill</i>	25. DATE RECD. BY LOCAL REG. <i>DEC. 2 '57</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> <i>M. J. B.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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.....  


Licensed Embalmer No. 216

P. O. Address E. S. Loev

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.