

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037654

STATE FILE NUMBER

FILED OCT 27 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8466

300
1-57

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 23 St. John's		Length of stay in lb 6 days	d. STREET ADDRESS 2239 2146a Geyer Ave.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last John Robert Butler			4. DATE OF DEATH Month Day Year August 29, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 29, 1918		9. AGE (In years last birthday) 39 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) Refinisher		10b. KIND OF BUSINESS OR INDUSTRY Upholstery	11. BIRTHPLACE (City and state or country) Benton, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Butler		13b. MOTHER'S MAIDEN NAME Nora Wyrick		14. NAME OF HUSBAND OR WIFE Margaret	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) yes 2nd 1st		16. SOCIAL SECURITY NO.	17. INFORMANT Address Margaret Butler 2146a Geyer Ave.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aplastic Anemia DUE TO (b) Toxic effect from industrial DUE TO (c) Solvent solutions PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (p) 8823					INTERVAL BETWEEN ONSET AND DEATH About 2mos. Several mos.
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Summit refinisher	20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY Mo.	STATE
21. I attended the deceased from July 31, 1958 to Aug. 29, 1958 last saw her/him alive on Aug. 29, 1958 Death occurred at 9:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John J. Hammond M.D. (Degree or title)			22b. ADDRESS 634 N. Grand		22c. DATE SIGNED 9-2-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/3/58	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri	
24. FUNERAL DIRECTOR Moydell Funeral Home		ADDRESS 1926 Allen Ave.	25. DATE RECD. BY LOCAL REG. 9-2-58	26. REGISTRAR'S SIGNATURE Carl Smith Mo	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

Reinhold K. Lohman

Licensed Embalmer No. *3395*

P. O. Address *St. Louis 4 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.