

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010780

STATE FILE NUMBER

2 2718

FILED MAR 27 1959

Registration District No. Primary Registration District No. Registrar's

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
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>St Louis</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>2604 N Harrison</i>		d. STREET ADDRESS (If outside, give location) <i>2604 N Harrison</i> Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>FOREST BUTLER</i> First Middle Last		4. DATE OF DEATH <i>3 16 - 59</i> Month Day Year	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-30 1900</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>58</i> IF UNDER 1 YEAR: Months <i>11</i> Days Hours Min.
11. BIRTHPLACE (City and state or country) <i>St Louis Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Emmett Butler</i>		14. MOTHER'S MAIDEN NAME <i>Sarah Not Known</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>486186395</i>	
17. INFORMANT <i>Eustande Morris</i>		Address <i>2604 N. Harrison</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>Myocardial infarction</i> <i>Hypertensive Heart Disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>4201</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH <i>6 hours</i> <i>2 years</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		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>Jan 6 1959</i> to <i>Mar 16</i> and last saw him alive on <i>Mar 1</i> Death occurred at <i>8:30</i> At <i>am</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>L. M. Turner M.D.</i> (Doctor or title)		22b. ADDRESS <i>3861 St Louis Ave</i>	
22c. DATE SIGNED <i>3-16-59</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
23b. DATE <i>3.20.59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	
23d. LOCATION (City, town, or county) <i>St Louis County</i>		23e. STATE <i>Mo</i>	
24. FUNERAL DIRECTOR <i>AD. Richardson</i>		ADDRESS <i>2625 Glasgow</i>	
25. DATE RECD. BY LOCAL REG. <i>MAR 17 '59</i>		26. REGISTRAR'S SIGNATURE <i>Edna Smith, M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

ph, iffare tic 00 56 39 1 must be causally related. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION

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 *J.P. Richardson*

Licensed Embalmer No. *297*

P. O. Address *2625 Glasgow*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.