

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019011
STATE FILE NUMBER

WED JUN 4 1959 Registration District No. Primary Registration District No. Registrar's 5154

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo. Baptist Hosp</i>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>4257th Riverside St.</i>	
3. NAME OF DECEASED (Type or print) First <i>Pauline</i> Middle <i>J</i> Last <i>Butler</i>			4. DATE OF DEATH Month <i>May</i> Day <i>27</i> Year <i>1959</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 17, 1888</i>	9. AGE (In years last birthday) <i>70</i>	IF UNDER 1 YEAR Months <i>5</i> Days <i>16</i> Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Thorn Germany</i>	
13a. FATHER'S NAME <i>Martin Wagner</i>		13b. MOTHER'S MAIDEN NAME <i>unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Alfred Vernon Butler</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>none</i>		17. INFORMANT Address <i>Pauline J. Butler 4257th Riverside St. St. Louis, Mo.</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>Coronary Occlusion</i>				INTERVAL BETWEEN ONSET AND DEATH <i>8 days</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic Heart Disease -</i>				DUE TO (c) <i>420.0</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? 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, PART II, or item 18.) <i>ITEM 21 CORRECTED</i>		
20c. TIME OF INJURY Hour <i></i> Month, Day, Year <i></i> a.m. <i></i> p.m. <i></i>			BY AFFIDAVIT OF <i>Physician</i> <i>6-29-59 det</i>		
20d. INJURY OCCURRED WHILE AT <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>May 20th</i> to <i>May 27th</i> and last saw her alive on <i>May 27, 1959</i> Death occurred at <i>11:45 pm on May 27th</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>James A. Rutherford MD</i>			22b. ADDRESS <i>114th W. Taylor St. Louis 8th Mo.</i>		22c. DATE SIGNED <i>5/29/59</i>
23a. BURIAL (CREMATION, REMOVAL (Specify)) <i>Burial</i>		23b. DATE <i>May 30/59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Lebanon Cem.</i>	
23d. LOCATION (City, town, or county) <i>St. Louis County Mo.</i>		23e. LOCALITY (State) <i>Mo.</i>		23f. COUNTY STATE	
24. FUNERAL DIRECTOR <i>Bull-Campbell Mortuary 5765 Deluge St. St. Louis 30</i>			25. DATE OF RECORDING <i>MAY 28 1959</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>

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 *Stanley F. Nixon*
Licensed Embalmer No. *4193*
P. O. Address *St. Louis*

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.