

FILED VS SEP 28 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9068 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		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, Mo.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pronounced dead Homer Phillips		d. STREET ADDRESS (If outside, give location) 1510 Elliot	

3. NAME OF DECEASED (Type or print) First Sam Middle Last Bulter			4. DATE OF DEATH Month 9 Day 10 Year 60		
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5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-11-1913	9. AGE (last birthday) 47	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Hone	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Harris Bulter	13b. MOTHER'S MAIDEN NAME Alice Bulter	14. NAME OF HUSBAND OR WIFE Hone
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Army	16. SOCIAL SECURITY NO. —	17. INFORMANT sister Rosie Lee Woods Address 2814 Cass
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stab wound of left chest causing extreme hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) 982X	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Stuffed with	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART II of item 18.) Knifed in the back of the neck by James Mac Lard, in home at 1510 Elliot Ave., on September 10th
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20c. TIME OF INJURY 5:30 p.m. 9-10-1960 at about 5:30 p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION St Louis Mo	COUNTY	STATE
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION St Louis Mo
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21. I attended the deceased from **552 P.** and last saw him alive on **9-10-60**
Death occurred at **552 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul Simon (Degree or title) Deputy Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 9/14/60
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23a. BURIAL, CREMATION OR REMOVAL (Specify) Removal	23b. DATE 9-16-1960	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) Jefferson Barrack, Mo.
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24. FUNERAL DIRECTOR Jackson Funeral Home ADDRESS 2649 Delmar	25. DATE RECD. BY LOCAL REG. SEP 14 1960	26. REGISTRAR'S SIGNATURE Loard Smith. M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Missouri

St. Louis
1210 Birch

St. Louis
St. Louis

00 10 2

Embalmer

San

S-11-1917

Henry
Malo

U.S.A.

St. Louis, Missouri

Hona

Robert

Hona

Alice Butler

Harrie Butler

Missouri

Missouri
Missouri

Missouri

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *Eugene Miles*

Licensed Embalmer No. 362

P. O. Address 2911 7th

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.

Missouri
Missouri