

MAR 28 1961

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2556** STATE FILE NUMBER

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>		a. STATE <b>MISSOURY</b> b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis City Hosp. #1</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>5917 Wells Ave</b>	
3. NAME OF DECEASED (Type or print) First <b>Zenobia</b> Middle <b>Butler</b> Last		4. DATE OF DEATH Month <b>3</b> Day <b>14</b> Year <b>61</b>	
5. SEX <b>FEMALE colored</b>	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-9-94</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NIL</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>67 YRS</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) <b>ST. LOUIS, MO</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John WEBB</b>		13b. MOTHER'S MAIDEN NAME <b>Hettie P</b>	
14. NAME OF HUSBAND OR WIFE <b>—</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>MARCELLA VERGES OFALLON 202</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral anoxia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1-2 mos</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral arteriosclerosis</b>		<b>yes</b>	
DUE TO (c) <b>Diabetes Mellitus 260+</b>		<b>yes</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>Pyelonephritis - Hypoglycemia</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 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 <b>3-11-61</b> to <b>3-14-61</b> and last saw her alive on <b>3-14-61</b> Death occurred at <b>4:00 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. Yates Trotter Jr MD</b>		22b. ADDRESS <b>1515 Lafayette Ave.</b>	
22c. DATE SIGNED <b>3-14-61</b>			
23a. BURIAL, CREMATION REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>3-20-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GREENWOOD Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS city MO</b>
24. FUNERAL DIRECTOR <b>A.F. WALTON 2707 STODDARD ST</b>		25. DATE RECD. BY LOCAL REG. <b>MAR 16 1961</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith M.D.</b>

**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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

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.