MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-021257

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1485

FILED MAY 21 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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2	4010
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4	1
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Berkeley — Length of stay in 1b: 10 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 8817 Airport Circle — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Berkeley — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 8817 Airport Circle — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Marie Middle C. Last Butler
4. DATE OF DEATH: Month May Day 14, Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/15/91
9. AGE (last birthday): 71 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): St. Louis
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Michael Krill
13b. MOTHER'S MAIDEN NAME: Mary Bauer
14. NAME OF HUSBAND OR WIFE: James H. Butler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Clinton H. Butler Address: 8817 Airport Circle

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for ...)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion with myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ASHD with auricular fibrillation — months
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): CVA Dec 61 Chronic cholecystitis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 20 Nov 61, to 5/14/62 and last saw her/him alive on 5/14/62
Death occurred at 11:30 am 5/14/62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) MD
22b. ADDRESS: 2 Lehurch Ferguson 36, Mo
22c. DATE SIGNED: 5/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: May 17, 1962
23c. NAME OF CEMETERY OR CREMATORY: SS Peter and Paul Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Shepard Funeral Home, ADDRESS: 1167 Hamilton Ave
25. DATE RECD. BY LOCAL REG.: 5-15-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DR SUDY
11 CHURCH RD

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,

~~by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Laurence A. Healing

Licensed Embalmer No. 4977

P. O. Address St. Louis 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.