

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

33798

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. City Hospital)

File No.....
Registered No. 9098
St..... Ward.....

2. FULL NAME

11677 James Butler
(a) Residence, No. Plather Butlers Home 15 Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 - 1869
7. AGE YEARS 70 MONTHS 2 DAYS 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boiler maker
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Sam Butler

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

15. MAIDEN NAME Kate Bled

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

17. INFORMANT Hospital (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Church DATE Oct 14 1932

19. UNDERTAKER Callaghan Bros (ADDRESS) 1710 1/2 Grand Blvd

20. FILED OCT 13 1932 Maple Barkhoff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct. 9 1932 to Oct. 12 1932
I last saw him alive on Oct. 12 1932 Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:

1. Adenocarcinoma of Prostate with metastases to kidneys
5/10
5/10
5/10
Other contributory causes of importance:
1. Secondary Anemia
2. Pulmonary Edema

Name of operation..... Date of.....
What test confirmed diagnosis autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Maurice A. Beck M. D.
(Signed) City Hospital (Address)

WRITE CLEARLY, WITH UNFADING INK--- THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

