

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH: 1  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution: City Sanitarium  
(d) Length of stay: In hospital or institution 5 yrs. 9 mo. 25 days  
In this community 76 yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
days at No. Pacific Hotel 5400 Arsenal  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Emanuel Butler 346  
(b) If veteran, name war No (c) Social Security No. Unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 13th  
year 1940 hour 4:50 minute P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 2 1863

21. I hereby certify that I attended the deceased from July 1, 1939 to June 13, 1940  
that I last saw him alive on June 13, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 4 Days 11 If less than one day hr. \_\_\_\_\_ min.

Immediate cause of death Pulmonary Tuberculosis 6-39x  
Due to Lymphatic Leukemia 6-39x

9. Birthplace Unknown Missouri 6

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_

10. Usual occupation Nil

Major findings: Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Unknown 9  
13. Birthplace Unknown Virginia

Of autopsy No  
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

14. Maiden name \_\_\_\_\_  
15. Birthplace Unknown

23. Signature Paul T. Hartman (M. D.)  
Address 5300 Arsenal Date signed 6-14-40

16. (a) Informant Unknown Missouri  
(b) Address Ann Morrison City Hoop

17. (a) \_\_\_\_\_ (b) Date thereof 6/20/40  
(c) Place: burial or cremation St. Louis  
18. (a) Signature of funeral director W. R. ...  
(b) Address 2800 ...

19. (a) JUL 1 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**