

No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39801

State File No. ....

Registrar's No. 2148

Registration District No. 78K

Primary Registration District No. 111

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Rich. Hgts.  
(c) Name of hospital or institution St. Mary's Hospital  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

3. (a) PRINT FULL NAME BERNADINE BUTTON  
(b) If veteran, name war.  
(c) Social Security No.

4. Sex f Color or race W  
(a) Single, widowed, divorced, or married single  
(b) Name of husband or wife.  
(c) Age of husband or wife if alive years  
7. Birth date of deceased Dec. 28-11-1939  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
10 14 hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER {  
12. Name Arthur Button  
13. Birthplace St. Louis Mo.  
14. Maiden name Emma Hilliard  
15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Button (Father)  
(b) Address 110 Russell

17. (a) Burial (b) Date thereof 11-15-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Wacker-Helderle  
(b) Address 2531 S. B'way

19. (a) NOV 14 1940 (b) DR. Meryth ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County  
(c) City or town St. Louis  
(d) Street No. 110 Russell  
(e) If foreign born, how long in U. S. A.?

20. DATE OF DEATH: Month 11 day 12  
year 40 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from 11  
4, 1940, to 11/12, 1940;  
that I last saw her alive on 11/12, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Lobar pneumonia E 1WK  
EMPYEMA, PYEMIA  
with abscess of kidney  
Due to and lung

Other conditions  
(Include pregnancy within 3 months of death) 100

Major findings:  
Of operations  
Of autopsy as above  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Mt Donohue (M. D. or other) MD  
Address St. Mary's Hosp Date signed 11/13/40

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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 the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**