

S. No. 2
4-13-40
5-17-39
PI 23159

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12474

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2904

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4403 Page Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lawrence E. Butler

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 9th., 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 10 22 hr. min.

9. Birthplace Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Attendant

11. Industry or business City Sanitarium

12. Name James Butler

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Nellie O'Connor
(City, town, or county) (State or foreign country)

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie O'Connor

(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 4-3-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Brian J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) APR - 2 1941 (b) J. T. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4403 Page Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st.,
year 1941 hour 100 minute P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured skull
fractured femur
when he slipped in fell
stepping his head on
door way of 4488 Eastline
about 8:30 Pm mar 30
1941
Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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) Accident
(b) Date of occurrence Mar 30, 1941
(c) Where did injury occur? St Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
While at work? Yes (Specify type of place)
(e) Means of injury fall
23. Signature Alfred J. Perry (M. D. or other)
Address St Louis Date signed 4/2/41

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.....

W. Van Matre

Licensed Embalmer No.....

2825

P. O. Address.....

4340 Lafayette

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, fact should be so stated above.