

FILED AUG 28 1941-791

Primary Registration District No. 1003

Registrar's No. 5548

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:  
4968 Pernod Ave  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
 In this community Not known

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4968 Pernod Ave  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jesse F. Butler

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Lucy Butler nee Davis 6. (c) Age of husband or wife if alive 57 years  
 7. Birth date of deceased May 28, 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>1</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Robert Butler  
 13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
 14. Maiden name Cecelia Smith  
 15. Birthplace Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lucy Butler

(b) Address 4968 Pernod Ave

17. (a) Removal (b) Date thereof 7/7/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Greenville, Illinois

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUL 5 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3,  
 year 1941 hour 7:10 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 4/1/41  
 \_\_\_\_\_, 1941 to 7/3, 1941;  
 that I last saw ~~him~~ her alive on 6/31, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration acute

Due to Coronary disease

Due to \_\_\_\_\_

Other conditions Myocardial degeneration  
(Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 0  
 Address 4660 Montpelier Date signed 7/5/41

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

**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 *Leonard Hampton*  
Licensed Embalmer No. *2967*  
P. O. Address *St. Louis, Mo.*

**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.**