

No. 2
1-4-41
5-17-39
1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

131
State File No. _____
607
Registrar's No. _____

FILED FEB 24 1942
Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 19 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED: 000
17
9
(a) State Mo (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2339 Cole Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lewis Buttler
3. (b) If veteran, name war world war 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
no attending physician
20. DATE OF DEATH: Month Jan day 3rd
year 1942 hour 5 minute 25 A.M.

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 18 1888
(Month) (Day) (Year)

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 Lobar Pneumonia Duration _____
(Left upper lobe)

8. AGE: Years 53 Months 10 Days 18 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Greenville Miss 1
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 5 months of death)

10. Usual occupation junkie

Major findings: _____
Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name unk

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

14. Maiden name Louisa unk

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

16. (a) Informant Laura Morgan
(b) Address 1120 No 23rd St

17. (a) burial (b) Date thereof 1-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francis
(d) Signature of funeral director J. J. Randall
(e) Address 3133 Bell ave

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Alfred J. Perotti (M. D. or other)
Address _____ Date signed 1/16/42

19. (a) JAN 20 1942 (b) _____
(Date certified by registrar) (Registrar's signature)

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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 *S. J. H. Stinson*
Licensed Embalmer No. 249A
P.O. Address 2769 Charlotte

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.