V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35241

Primary Registration District No. 1003

Registrar's No. 9836

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)

In this community 500 years

2. USUAL RESIDENCE OF DECEASED: 000 17 9 11

(a) State Missouri (b) County

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 1703 Cora
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Amanda Butterworth

3. (b) If veteran, name war --

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife George Butterworth

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

7. Birth date of deceased Unavailable (Month) about (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
abt. 69			hr. min.

9. Birthplace Berger, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown Campbell
13. Birthplace Berger (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Rachel Unavailable
15. Birthplace Berger (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Florence Gay
(b) Address 1703 Cora Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave. St. Louis

19. (a) NOV 25 1942 (Date received local registrar) (b) J. F. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22, year 1942 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from November 14, 1942 to November 22, 1942; that I last saw her alive on November 22, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease with Cerebral Hemorrhage	Unknown
Due to	
Due to	
Other conditions (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?
While at work? (Specify type of place) (e) Means of injury 0

23. Signature P. E. Smith (M. D. or other)
Address 260 Whittier Date signed 11/23/42

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Chas. J. Gates, Registered Apprentice No. .....,

working under my personal supervision.

Signed Chas. J. Gates

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Ave.

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.