

JAN 14 1943 318

1003

Registration District No. Primary Registration District No. Registrar's No. 126

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks
(Specify whether years, months or days)

In this community 54 yrs., 7 mons., 19 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. LOUIS

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

(d) Street No. 9927 Jeffrey Dr. Riverview Grdns
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Carrie Butler

3. (b) If veteran, name war No

3. (c) Social Security No. Nil

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 1942
year 9 hour 50 minute A.M.

21. I hereby certify that I attended the deceased from Sept 4, 1942 to Jan 5, 1942
that I last saw her alive on Jan 4, 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Husband John Butler

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased May 16 1888
(Month) (Day) (Year)

Immediate cause of death
Carcinoma of
head of pancreas

Due to.....

Due to.....

8. AGE: Years Months Days If less than one day

54 7 19 hr. min.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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

10. Usual occupation Housewife

11. Industry or business None

PHYSICIAN

Underline the cause to which death should be charged statistically.

12. Name William Engel

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

14. Maiden name Dora Hesse

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

16. (a) Informant John Butler

(b) Address 9927 Jeffrey Dr. Riverview Gs

17. (a) Burial (b) Date thereof Jan. 8 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

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?.....

18. (a) Signature of funeral director Chudmeyer & Sons

(b) Address 3934 N. 28 St.

19. (a) JAN 6 1943 (Date received local registrar)

J. F. Bredek (Registrar's signature)

23. Signature W.P. Hamilton (M. D. or other)

Address 836 3 Halls Ferry Date signed 1-5-42

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

JAN 21 1948

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 *Alfred J. Boedeker*
Licensed Embalmer No. *2663*
P. O. Address *5934 Alpha Drive*

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.