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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22838**

LED JUL 24 1943
Registration District No. **218**

Primary Registration District No. **1003**

Registrar's No. **6412**

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

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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 14 years years, months or days)

3. (a) PRINT FULL NAME Fannie Mae Butler

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

4. Sex Female 5. Color or race 3 Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Willie Butler 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased. Dec 4th 1908
(Month) (Day) (Year)

8. AGE: Years 34 Months 3 Days 6 If less than one day
hr. min.

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

10. Usual occupation House-Wife.

11. Industry or business Domestic.

12. Name Steve Williams.

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

14. Maiden name Minnie Pool.

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

16. (a) Informant Willie Henry Butler

(b) Address 2812 Franklin Ave

17. (a) Personal (Burial, cremation, or removal) (b) Date thereof 7-15-43 (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock, Ark

18. (a) Signature of funeral director R. D. [Signature]

(b) Address 2812 Franklin St

19. (a) JUL 15 1943 (Date received local registrar) (b) J. F. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 2623 Franklin (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10,
year 1943 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from July
3, 19 43 to July 10, 19 43

that I last saw her alive on July 10, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Unk.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 Alvin Moore (M. D. or other)

Address St. Louis Date signed 7/15/43

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.....

myself.....; Registered Apprentice No.....
working under my personal supervision.

Signed *A. Houston*.....

Licensed Embalmer No. *2266*.....

P. O. Address *2812 Thomas St. S.W.*.....

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.