

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 36500

FILED DEC 3 1943

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3704 A. Cook Avenue
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____
In this community About 40 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Samuel Butler

3. (b) If veteran, name war none 3. (c) Social Security No. 709-10-2023

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leola Butler
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 6, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 2 9 _____ hr. _____ min.

9. Birthplace Texarkana Tex.
(City, town, or county) (State or foreign country)

10. Usual occupation porter

11. Industry or business Railway Pullman

MOTHER FATHER { 12. Name William Butler
13. Birthplace Houston Tex.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Howard
15. Birthplace Hillbour Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Leola Butler
(b) Address 3704 A. Cook

17. (a) Burial (b) Date thereof Nov. 20, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father-Dickson

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole St.

19. (a) NOV 19 1943 (Date received local registrar)
J. J. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 10136
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1179
(d) Street No. 3704 Cook Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1943 hour 12:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from 7/10
_____ 1943 to 11/15 1943

that I last saw him alive on 11/10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Common bile duct blocked by tumor Duration _____

Due to Primary in Gall bladder

Due to _____

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

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) (Country) (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 J. J. Budeck (M. D. or other) _____
Address 1179 Date signed 11/19

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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.