

No. 2  
-8-43  
17-39

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS  
FILED JUN 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16218

State File No. \_\_\_\_\_

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4733**

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution: City Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 months  
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(d) Street No. 3801 Greer  
(e) Citizen of foreign country? American

3. (a) PRINT FULL NAME Daniel K. Butler  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jennie 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 7, 1888

8. AGE: Years 55 Months 6 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo.

10. Usual occupation Seitchuan

11. Industry or business Terminal R.R.

12. Name James Butler  
13. Birthplace St. Louis  
14. Maiden name Elizabeth Keane  
15. Birthplace Illinois  
16. (a) Informant C. Hannon  
(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 3-25-44  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. F. Bredenk  
(b) Address 228 South Highways  
19. (a) MAY 23 1944 (Date received local registrar) J. F. Bredenk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1944 hour 2:05 P.M.  
21. I hereby certify that I attended the deceased from Nov. 26, 1943 to May 22, 1944  
that I last saw him alive on May 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death acute pulmonary edema  
Due to Hypertensive cardio-vascular disease  
Due to \_\_\_\_\_

Other conditions nephrosclerosis  
Old hemiplegia  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none permitted

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature Thomas A. Sweetman M.D.  
Address 5800 Arsenal St. Date signed 5-22-44

**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 *Edwin M. Bennett*

Licensed Embalmer No. *3024*

P. O. Address.....

**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.**