

No. 2
5-43
5-17-39
X3667

FILED JUN 19 1944
Registration District No. 6076

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Miller Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4
(Specify whether years, months or days)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Gardenville 76
(If outside city or town limits, write "RURAL")

(d) Street No. 8149 Gravois 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINTED FULL NAME Margaret Butler

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased 3 - 25 - 1869
(Month) (Day) (Year)

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

75 2 19 hr. min.

9. Birthplace Unknown 4 Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Unknown 4 Ireland

13. Birthplace Unknown 4 Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 4 Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Butler

(b) Address 715 Garden Ave., Webster

17. (a) Burial (b) Date thereof 6-15-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery Kirkwood

18. (a) Signature of funeral director L. H. Boop, Inc.

(b) Address 131 W. Argonne, Kirkwood

19. (a) JUN 15 1944 (b) E. G. Mc Lauran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th
year 1944 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from Dec 1st, 1943, to June 13, 1944
that I last saw her alive on June 5th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to arteriosclerosis

Due to Pneumonia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 30

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.....

Signature G. J. Meredith, M.D. (M. D. or other) M.D.

Address 12594 Kingsbury Date signed 6-13-44

Mrs Butler

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..... *Felix Duval*

Licensed Embalmer No..... *3034*

P. O. Address..... *Kirkwood Mo*

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.