

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
FILED MAY 16 1946
318

18232
State File No. _____
Registrar's No. 4046

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution:
Enroute to City Hospital 3
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 321a Russell Blvd.
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Claude Butler
3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased About 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 2
year 1946 hour 6 minutes 45 M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
About 67 hr. min.
9. Birthplace Unknown North Carolina
(City, town, or county) (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Ida Stevens
(b) Address 321 Russell Blvd.
17. (a) Removal (b) Date thereof 5-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Liberty, North Carolina
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 W. Washington Blvd.
19. (a) MAY 3 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____
Due to Labor Pneumonia
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

Duration _____
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 _____
23. Signature Edward E. Taylor (M.D. or other) _____
Address _____ Date signed 5/3/46

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

MOTHER FATHER

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.....

J. Allen Davis

Licensed Embalmer No. *4053*

P. O. Address *St. Louis, 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.

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