

No. 2
12-45
17-39
X47070

FILED OCT 7 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8374

1. PLACE OF DEATH: 318

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: St. Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Infant
years, months or days

3. (a) PRINT FULL NAME Bobby Butler

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male race Wh

5. Color Wh

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: Sept 28 1946
(Month) (Day) (Year)

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

9. Birthplace: St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name of father Robert S. Butler

13. Birthplace of father St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name of mother Waltera Regner

15. Birthplace of mother Perm.
(City, town, or county) (State or foreign country)

16. (a) Informant Robert S. Butler

(b) Address 5550 Bates Ave

17. (a) Burial (b) Date thereof 9-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Calvary Cem

18. (a) Signature of funeral director W. J. Starn

(b) Address 225 Union Bld.

19. (a) SEP 30 1946 (Date received local registrar)
J. F. Breeseck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5550 Bates Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 29 day _____ year 1946 hour 5:00 minute _____ a. M.

21. I hereby certify that I attended the deceased from Sept 28 _____, 1946, to Sept 29 _____, 1946
that I last saw him alive on Sept 28 _____, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to Premature delivery

Due to _____

Other conditions? 151
(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 Paul Kingsley Webb (M. D. or other) MD

Address 721 - Olive St Date signed 9-29-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

Not Embalmed

Signed *Bernard A. J. Stuart*
Licensed Embalmer No. *3500*

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.