

No. 2
-12-45
5-17-39
TX47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10638**
Registrar's No. **2471**

Registered in District No. **FILED MAR 23 1947** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 4232 W Kossuth Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether _____)
In this community _____
years, months or days

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Nugent Butler 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased NOV. 14 about 1868
(Month) (Day) (Year)

8. AGE: Years About 78 Months 3 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____
12. Name (?) NEWTON
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name MARY (?)
15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard Jordan
(b) Address 6744 OLIVE ST. RD

17. (a) Burial (b) Date thereof 3/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) MAR 10 1947 (b) J. F. Brudner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 4232 W Kossuth Ave.
(If outside city or town limits, write "RURAL")
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month March day 8
year 1947 hour 3 minute a 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.

Immediate cause of death _____
Due to Chronic Myocarditis
Chronic Arteriosclerosis
Hypertension
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 3
23. Signed Stroot-Carroll (M. D. or other) _____
Address Stroot-Carroll Date signed 3/11/47

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

Paul E. Hoffman

Licensed Embalmer No.

4366

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.