No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 22 1947

Registration District No. 2718

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39501

Registrar's No. 10291

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution 4954 Lindell Blvd., (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4954 Lindell Blvd. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ASA CLAIR BUTTERWORTH.

3. (b) If veteran, name war no

3. (c) Social Security No. 492-10-5072

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances Hill Butterworth

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased August (Month) 6 (Day) 1880 (Year)

8. AGE: Years 67 Months 2 Days 29 If less than one day hr. min.

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

10. Usual occupation President of;

11. Industry or business General Material Co.,

FATHER
12. Name Clair Butterworth.
13. Birthplace Dow City, (City, town, or county) Iowa. (State or foreign country)

MOTHER
14. Maiden name Mary Rudd.
15. Birthplace Dow City, (City, town, or county) Iowa. (State or foreign country)

16. (a) Informant Mrs.A.C.Butterworth.

(b) Address 4954 Lindell Blvd.,

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 11/8/47 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum.

18. (a) Signature of funeral director C.R.Lupton & Sons.

(b) Address 7233 Delmar Blvd.,

19. (a) NOV 7 1947 (Date received local registrar) (b) J.F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5 year 1947 hour 8:15 minute P. M.

21. I hereby certify that I attended the deceased from Oct 7 1947, to Nov 5 1947, that I last saw him alive on Nov 5 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis - Chr.	Seventy yrs.
Due to: Arteriosclerosis Sensibly - early	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J.W. Hendrickson (M. D. or other) MD

Address 4800 Oliver Date signed 11-6-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FO 3800
10-12 4-5

[redacted] Bldg.

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 Clarence A. Murray

Licensed Embalmer No. 4011

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.