

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10247

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>2361</b>
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>2 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>East St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>		d. STREET ADDRESS (If rural, give location) <b>1916a Division Ave.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Louis</b>		b. (Middle)		c. (Last) <b>Butler, Jr.</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>3 9 50</b>		5. SEX <input checked="" type="checkbox"/> Male		6. COLOR OR RACE <b>Negro</b>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>9-27-17</b>		9. AGE (In years last birthday) <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Louis Butler</b>		13b. MOTHER'S MAIDEN NAME <b>Marie Carter</b>
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>
17. INFORMANT'S SIGNATURE OR NAME <b>1916a Division</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Broncho pneumonia</i></b> <b>2. ANTECEDENT CAUSES</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <b>3. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>491X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>3/6/50</b> , 19 <b>50</b> , to <b>3/9</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>3/9</b> , 19 <b>50</b> , and that death occurred at <b>9-40 a.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <i>Cl. Madison, M.D.</i>		23b. ADDRESS <i>1500 E. Bay St. Louis 24</i>		23c. DATE SIGNED <b>3/10/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-11-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>E. Thomas</b>
24d. LOCATION (City, town, or county) (State) <b>Ill</b>		25. FUNERAL DIRECTOR'S SIGNATURE <i>C. J. West</i>		
DATE REC'D BY LOCAL <b>MAR 11 1950</b>		REGISTRAR'S SIGNATURE <i>J. B. Sauter</i>		ADDRESS <b>3847 Page</b>

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. 286

working under my personal supervision.

Student Chene Brown  
Student Embalmer

Signed C. S. Mosk  
[Signature]

Licensed Embalmer No. 9432

P. O. Address 384 7th Ave

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.