

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10469

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2795

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>	
c. LENGTH OF STAY (in this place) <u>17 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>407 S. Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)  
a. (First) DORA b. (Middle) MANARD c. (Last) BUTLER d. DATE OF DEATH (Month) (Day) (Year) 5-22-1950

5. SEX FEMALE 6. COLOR OR RACE Col 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH FEB. 5-1884 9. AGE (In years last birthday) 65 10. UNDER 1 YEAR Months 1 Days 17 11. IF UNDER 1 HR. Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (State or foreign country) Beach Bluff Tenn 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Joseph Hudson 13b. MOTHER'S MAIDEN NAME Dona Palm 14. NAME OF HUSBAND OR WIFE Will Glenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. no 17. INFORMANT'S SIGNATURE OR NAME Nerley Clay ADDRESS 407 S. Jefferson

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arteriosclerotic Heart Disease  
PRECEDENT CAUSES Perniciou's Anemia  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) 29th

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 11-7-, 1949, to 3-22-, 1950, that I last saw the deceased alive on 3-21-, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Deeds or title) Monroe H. Little MD 23b. ADDRESS 3167 Sheridan Ave. 23c. DATE SIGNED 3-23-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Mar 27-1950 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) (State) St Louis County

DATE REC'D BY LOCAL REG. MAR 24 1950 REGISTRAR'S SIGNATURE J B Slaughter 25. FUNERAL DIRECTOR'S SIGNATURE J J Watson ADDRESS 2769 Chouteau

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. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *S. J. Watson* \_\_\_\_\_

Licensed Embalmer No. *269 A*

P. O. Address *2769 Chouteau*

**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.