

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17900
Registrar's No. 4250

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MO</i> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i> | | c. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis 2219</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>9134 N 22</i> | | e. STREET ADDRESS (If rural, give location) <i>9134-N-22</i> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <i>Sarah</i> | b. (Middle) <i>Patron</i> | c. (Last) <i>Butler</i> | 4. DATE OF DEATH (Month) (Day) (Year) <i>5 3 51</i> |
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|-------------------------|---------------------------------|--|--------------------------------------|--|---------------------------|-------------------------|---------------------------|--------------------------|
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>Cal.</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i> | 8. DATE OF BIRTH <i>3-24-1868</i> | 9. AGE (In years last birthday) <i>83</i> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|-------------------------|---------------------------------|--|--------------------------------------|--|---------------------------|-------------------------|---------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house</i> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <i>St Louis</i> | 12. CITIZEN OF WHAT COUNTRY <i>U</i> |
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| 13a. FATHER'S NAME <i>Mat Knower</i> | 13b. MOTHER'S MAIDEN NAME <i>Mat Knower</i> | 14. NAME OF HUSBAND OR WIFE <i>Emmitt Butler</i> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <i>Margella Butler</i> | ADDRESS <i>9134 N-22</i> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Medical Insufficiency</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>1459</i> |
| | ANTECEDENT CAUSES Morbidity 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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR <i>H/OX</i> |
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22. I hereby certify that I attended the deceased from *May 10, 1951* to *May 3, 1951*, that I last saw the deceased alive on *May 3*, 1951, and that death occurred at *10 P.M.*, from the causes and on the date stated above.

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|--|----------------------------------|--|-----------------------------------|
| 23a. SIGNATURE <i>Conrad J. Aldrich</i> | (Degree or title) <i>M.D.</i> | 23b. ADDRESS <i>2607 1/2 Franklin Ave</i> | 23c. DATE SIGNED <i>5-5-51</i> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>1</i> | 24b. DATE <i>5-7-51</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Brownwood</i> | 24d. LOCATION (City, town, or county) (State) <i>St Louis County MO</i> |
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| DATE REC'D BY LOCAL REG. <i>MAY 5</i> | REGISTRAR'S SIGNATURE <i>J. B. Lancaster</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>A. R. Richardson</i> | ADDRESS <i>2625 Glasgow</i> |
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

J.P. Richards

Signed.....

Student Embalmer

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.