

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9776  
2352  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <i>St Louis mo</i>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <i>mo</i> b. COUNTY _____ |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis mo</i> |  | c. LENGTH OF STAY (in this place)  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>in Rout to Home of Phillips</i>                      |  | d. STREET ADDRESS (If rural, give location) <i>25 1 10 N. 17 ST</i>  |  |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <i>Leatu</i> b. (Middle) <i>Butler</i> c. (Last) _____ |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><i>Mar 2 52</i> |  |  |
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| 5. SEX <i>Male</i>  |  | 6. COLOR OR RACE <i>Negro</i> |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i> |  | 8. DATE OF BIRTH <i>April 10 1904</i> |  | 9. AGE (In years last birthday) <i>47</i>                    |  | IF UNDER 1 YEAR Months Days |  | IF UNDER 24 HRS. Hours Min.  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labo</i> |  |                               |  | 10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>                        |  |                                       |  | 11. BIRTHPLACE (State or foreign country) <i>Mississippi</i> |  |                             |  | 12. CITIZEN OF WHAT COUNTRY? |  |  |  |

|                             |  |  |                                    |  |  |                             |  |  |  |  |  |
|-----------------------------|--|--|------------------------------------|--|--|-----------------------------|--|--|--|--|--|
| 13a. FATHER'S NAME <i>?</i> |  |  | 13b. MOTHER'S MAIDEN NAME <i>?</i> |  |  | 14. NAME OF HUSBAND OR WIFE |  |  |  |  |  |
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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. <i>Unknown</i> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><i>Lula Robert 2810A Newstead</i> |  |  |  |  |  |  |  |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____<br>ANTECEDENT CAUSES<br>DUE TO (b) <i>Starvation, Pulmonary</i><br>DUE TO (c) <i>Tuberculosis</i><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <i>Interstitial nephritis</i> |  |  |  |  |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
|--|--|--|--|--|--|--|--|--|--|--|--|----------------------------------|--|

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| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION: _____ |  |  |  |  |  |  |  |  |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <i>OOZ</i> |  |
|--|--|--|--|---|--|---------------------------------------|--|

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *1650 A.*, from the causes and on the date stated above.

|  |  |  |  |                                |  |  |  |                                 |  |  |  |
|--|--|--|--|--------------------------------|--|--|--|---------------------------------|--|--|--|
| 23a. SIGNATURE (Degree or title) <i>Patrick E. Paylor, Cor</i> |  |  |  | 23b. ADDRESS <i>1300 Clark</i> |  |  |  | 23c. DATE SIGNED <i>2 10 52</i> |  |  |  |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>1a</i> |  | 24b. DATE <i>3-31-52</i> |  | 24c. NAME OF CEMETERY, OR CREMATORY <i>Anatomical Board</i> |  |  |  | 24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i> |  |  |  |
|---|--|--------------------------|--|---|--|--|--|---|--|--|--|

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| DATE REC'D BY LOCAL REG. <i>MAR 12 1952</i> |  | REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i> |  |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Rosemead - 4104 Manchester</i> |  |  |  |
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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

*J. H. Yandell*

Licensed Embalmer No. 4243

P. O. Address Wheat Grove 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.