

STANDARD CERTIFICATE OF DEATH

14109
State File No. 3883
Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 8 yrs		d. STREET ADDRESS (If rural, give location) 1438 a rear No Jefferson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homér G Phillips Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) c. (Last) Butler			4. DATE OF DEATH (Month) (Day) (Year) April 21 1952		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 8, 1891	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 1 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Clarkville, Miss	
12. CITIZEN OF WHAT COUNTRY? USA.					

13a. FATHER'S NAME Ferd Butler		13b. MOTHER'S MAIDEN NAME Martha ?		14. NAME OF HUSBAND OR WIFE Annie Butler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carrie Jackson 1438 A. R.N. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriolar Nephrosclerosis				INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Undetermined				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Hypo-static Pneumonia				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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? HH6X			

22. I hereby certify that I attended the deceased from **4-11**, 19**52**, to **4-21**, 19**52**, that I last saw the deceased alive on **4-21**, 19**52**, and that death occurred at **9:40a** m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Lorenz W. Harris M. D. O		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 4-22-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Motor		24b. DATE 4/25/52		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.					

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 24 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home 3100 Easton Ave.	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Arthur C. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.