

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23087

State File No. \_\_\_\_\_

FILED JUL 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1687

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>So. Kinloch</u>	c. LENGTH OF STAY (If in this place) <u>15 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>So. Kinloch</u> <u>4091</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1004 Stanza</u>		e. STREET ADDRESS (If rural, give location) <u>1004 Stanza Ave.</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u>	b. (Middle) <u>Butler</u>	c. (Last) <u>Butler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>17</u> <u>1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>8/1 1997</u>	9. AGE (In years last birthday) <u>54</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>17</u>	11. UNDER 18 HRS. Hours <u>17</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none AT Home</u>	11. BIRTHPLACE (State or foreign country) <u>Howardburg Miss.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>John Dozie</u>	13b. MOTHER'S MAIDEN NAME <u>Rose Cooper</u>	14. NAME OF HUSBAND OR WIFE <u>Rev Paul Butler</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rev Paul Butler</u>	ADDRESS <u>1004 Stanza ave</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of uterus</u>		
	ANTECEDENT CAUSES 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.		<u>174X</u>	

19a. DATE OF OPERATION <u>May 23, 1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma that had invaded upper portion of the womb.</u>	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)
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 May 20, 1952, to June 17, 1952, that I last saw the deceased alive on June 17, 1952, and that death occurred at 6 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. F. Brooks, M.D.</u>	23b. ADDRESS <u>2746 Franklin Ave.</u>	23c. DATE SIGNED <u>June 20, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 23 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Pk.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-23-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bro, s Funeral home</u>	ADDRESS <u>438 Lix</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Edward A. Flynn*.....

Licensed Embalmer No. *4444*.....

P. O. Address *St. Louis 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.