

STANDARD CERTIFICATE OF DEATH

State File No. 37069

Registrator's No. 9539

FILED OCT 23 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrator's No. 9539

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 town) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 22 219 S. 22nd St. 22290			
3. NAME OF DECEASED (Type or Print) a. (First) Eugene		b. (Middle)		c. (Last) Butler		4. DATE OF DEATH (Month) 9 (Day) 22 (Year) 53	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED		8. DATE OF BIRTH Jan. 2, 1899		9. AGE (In years has birthday) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Shep Butler			13b. MOTHER'S MAIDEN NAME Mattie John		14. NAME OF HUSBAND OR WIFE ? Nancy Single		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? no		16. SOCIAL SECURITY NO. 437-48-1774		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Butler Bt. 1555 & 3rd St			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Duodinal Ulcer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				MEDICAL CERTIFICATION II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 7-17-53		19b. MAJOR FINDINGS OF OPERATION Relief of Upper G.I. Obstruction - Gastrojejunostomy				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR? 5410	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 6-22, 1953, to 9-22, 1953, that I last saw the deceased alive on 9-22, 1953, and that death occurred at 12:30A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Carl Belle Smith, M. D.				23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 9-24-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10 6 1953		24c. NAME OF CEMETERY OR CREMATORY Douglas		24d. LOCATION (City, town, or county) (State) East St. Louis Ill	
DATE REC'D BY LOCAL REG. OCT 6 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Andrew Beuler 3806 Franklin			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....

John J. Yandell

Licensed Embalmer No. *4243*

P. O. Address *Webster, Ga*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.