

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2642

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

Registrar's No. **0392**

FILED FEB 2 1954

REG. DIST. NO. **218**

PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis,</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute City Hospital.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Oscar</b> b. (Middle) <b>O.</b> c. (Last) <b>Butler</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 12, 1954.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Widowed</b>	8. DATE OF BIRTH <b>9-12-1897</b>
9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Polisher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Appliance Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois,</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Olive Butler (DCSD)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>Nil.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Geo. Brownfield, Wbst, City Ia.</b>	
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) <b>Gunshot wound of heart.</b> <b>suffered when shot by unknown person in home at 4202 McPherson Avenue, about 12:50 am Jan 12 1954.</b> DUE TO <b>McPherson Avenue, about</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Homicide</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Homicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or other bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 12 54 12:50</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>E981X</b>	
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 <b>1250A</b> m., from the causes and on the date stated above.			
22a. SIGNATURE (Name or title) <b>Patrick E. Taylor Coroner</b>		22b. ADDRESS <b>1300 Clark</b>	22c. DATE SIGNED <b>1-14-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>1-14-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Graceland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Webster City Iowa,</b>
DATE REC'D BY LOCAL <b>JAN 14 1954</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith Md</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe 4700 Washington.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed.....  
*Edmond H. Remelin*

Licensed Embalmer No. *42*

P. O. Address.....  
*St. Louis*

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.