

FILED OCT 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34634**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8752**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 1 day	c. CITY OR TOWN Kirkwood 673
d. FULL NAME OF (If not in hospital or institution, give street address or location) Barnes Hospital		STREET ADDRESS (If rural, give location) 1118 N. Simmons	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) James	b. (Middle) Elexander	c. (Last) Butts	Oct. 6, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 30, 1929	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder		10b. KIND OF BUSINESS OR INDUSTRY Art Welding Co.	11. BIRTHPLACE (City and State or Foreign Country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Otto Butts	13b. MOTHER'S MAIDEN NAME Eula May Barrett	14. NAME OF HUSBAND OR WIFE Beverly Butts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1947	16. SOCIAL SECURITY NO. 488-34-4556	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beverly Butts, 1118 N. Simmons

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, ashenia, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Hemothorax, Left; Lower nephron nephrosis; Fracture of Right Femur and Pelvis, suffered when tank		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. one which occurred was working fell at Art Welding Co., 1630 9th Street.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION about 3:45 pm., Sept 28th 1955.	19b. MAJOR FINDINGS OF OPERATION about 3:45 pm., Sept 28th 1955.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT OR SUICIDE OR HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Factory	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 28 5:30 am.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? CC E 912.3

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 **1105A** am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick C. Taylor, Coroner	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 10.7.55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 10, 1955	24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery
24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.		

DATE REC'D BY LOCAL REG. OCT 7 1955	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfitzinger, Kirkwood, Mo.
-----------------------------------------------	-----------------------------------------------------	------------------------------------------------------------------------------------

3.0 (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 *William N. Pfitzinger*

Licensed Embalmer No. *43*

P. O. Address *Kubawood*

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.