

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40149

STATE FILE NUMBER

FILED DEC 10 1956

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2250

1. PLACE OF DEATH a. COUNTY St. Louis,			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cool Valley		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Hill Top Nursing Home, 9 mos			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 5653 Wells, Ave.	
3. NAME OF DECEASED (Type or print) (Eliza) Elizabeth			First Eliza	Middle Elizabeth	Last Butler
4. DATE OF DEATH Nov. 20, 1956		Month Nov.	Day 20	Year 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 9, 1877		9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory		11. BIRTHPLACE (City and state or country) Kane, Illinois,	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Varble			14. MOTHER'S MAIDEN NAME Sarah (Unknown)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. Nil.		17. INFORMANT Mrs. Bertha Pavlakis, 5653 Wells, Avd.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH - ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 4500					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Embolism, left popliteal artery					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Dec. 8, 1955 to Nov. 20, 1956 and last saw her alive on Nov. 20, 1956 Death occurred at 12:10 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John G. Murney MD (Degree or title)			22b. ADDRESS 1014 Thekla Av		22c. DATE SIGNED 11/21/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 11-23-56	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR Albert H. Hoppe ADDRESS 4700 Washington,		25. DATE RECD. BY LOCAL REG. 11-22-56		26. REGISTRAR'S SIGNATURE Herbert B. Donle MD	

(Licensed Embolmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56

Health
Welfare
Public
Service

89.

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 S. Deane*.....

Licensed Embalmer No. *414*.....

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.