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SL-16293

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037655

STATE FILE NUMBER

10336

FILED NOV 10 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN E. ST. LOUIS 9120 S
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VAH, 915 N. GRAND AVE. 22 HOURS		Length of stay in 1b 32	d. STREET (If outside, give location) ADDRESS 1017 GATY
3. NAME OF DECEASED (Type or print) First Middle Last LEWIS E. BUTLER			4. DATE OF DEATH Month Day Year 10/27/58
5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/16/06
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MT. VERNON, INDIANA 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN BUTLER	
13b. MOTHER'S MAIDEN NAME MARY FOSTER		14. NAME OF HUSBAND OR WIFE MARIE BUTLER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II		16. SOCIAL SECURITY NO. 355-10-0982	
17. INFORMANT Address VAH, 915 NO. GRAND AVE., ST. LOUIS, MO.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA AND CONGESTIVE HEART FAILURE DUE TO (b) ARTERIOLAR NEPHROSCLEROSIS DUE TO (c) - - - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - - -	
INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS 10 YEARS		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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. Attended the deceased from 10/26/58 to 10/27/58 and last saw him alive on 10/27/58 Death occurred at 11:10 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Robert E. Staufflebean Robt. E. Staufflebean M.D.	
22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 10/28/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/31/58	
23c. NAME OF CEMETERY OR CREMATORY E. NATIONAL CEMETERY		23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.	
24. FUNERAL DIRECTOR G. Wade Granberry 4202 Finney Ave.		25. DATE RECD. BY LOCAL REG. OCT 28 '58	
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.			

S. 300 1-57
ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
No symptoms will be listed
Doctor, coroner, etc. must use only standard nomenclature in item 18.

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 *Guyton Swan*

Licensed Embalmer No. *4580*

P. O. Address *4202 Fair*

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.