

FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE

59-041638

FILED VS NOV 19 1959

210101

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 77-yrs.	c. CITY OR TOWN St. Louis
c. FULL NAME OF DECEASED (If not in hospital, give location) 956 Hamilton Ave. Hamilton Rest Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6108 Waterman Ave.

3. NAME OF DECEASED (Type or print) First Andrew Middle J. Last Butler	4. DATE OF DEATH Month November Day 2 Year 1959
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5. SEX M.	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/1/1862	9. AGE (last birthday) 97	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Davenport, Iowa	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME John Butler	13b. MOTHER'S MAIDEN NAME Agnes Brown	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Albert I. Butler, R.R. 1 Box 178	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 10 days
DUE TO (b) Fracture of ribs		
DUE TO (c) 904.021		8 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General arteriosclerosis	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fell at home
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20c. TIME OF INJURY Hour 7 a.m. / p.m. Month, Day, Year 8-27-59
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	20f. CITY/TOWN OR LOCATION St. Louis Mo.	COUNTY	STATE
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21. I attended the deceased from 9-20-58 8 am. to Nov 2 1959 and last saw her alive on Oct 29 1959
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22a. SIGNATURE (Degree or title) James C Redington Jr. M.D.	22b. ADDRESS Clayton 5 MO 950 Francis Place	22c. DATE SIGNED 11-3-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/4/1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	23d. LOCATION (City, town, or county) Davenport, Iowa.
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24. FUNERAL DIRECTOR Arthur J. Normelly	ADDRESS 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG. NOV 3 1959	26. REGISTRAR'S SIGNATURE Lead Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

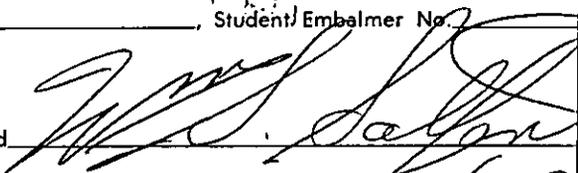
OK
Joseph M. [unclear]
Signatures

m. 13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 469

P. O. Address 3842

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.