

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-008013

868797

SL 21830

2 1682

STATE FILE NUMBER

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

FILED VS MAR 14 1960

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b 10 DAYS		c. CITY OR TOWN AFFTON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPT			d. STREET ADDRESS (If outside, give location) 9846 MUSICK		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ALBERT E. BUTTON			4. DATE OF DEATH Month Day Year FEBRUARY 11, 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9/11/11	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME ARTHUR BUTTON		13b. MOTHER'S MAIDEN NAME EMMA NOLAN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII			16. SOCIAL SECURITY NO.		17. INFORMANT ELIZABETH PLOUGH, 9846 MUSICK, AFFTON, 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) CEREBRAL HEMORRHAGE (SUBDURAL HEMATOMA) DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO (c) ARTERIOLAR NEPHROSCLEROSIS WITH UREMIA 442x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year 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. attended the deceased from 2/1/60 to 2/11/60 and last saw him alive on 2/11/60 Death occurred at 5:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE A. Bashiratahi M.D.			22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 2/11/60
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 2-15-60	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jeff. Barracks, Mo.
24. FUNERAL DIRECTOR Southern Funeral Home 8322 S. Grand, St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. FEB 13 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D. m83	

BY AFFIDAVIT OF PLEASE CLEAR THRU CORONERS OFFICE WITH MR. GUNNY

MEDICAL CERTIFICATION

JUL 28 1960

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 David Lee Harnan

Licensed Embalmer No. 4242

P. O. Address St Louis 8

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