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Rev. 5-17-39  
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14987

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14987

FILED JUN 4 1945  
Registration District No. 377 318

Primary Registration District No. 1003 Registrar's No. 4387

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town St. Louis Maplewood

(c) Name of hospital or institution: Mo Baptist Hospital  
2618 Margarette Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")

(d) Street No. 2618 Margarette Avenue  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME JOHN EDW. BUTCHER

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 5-3-20-1885  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>1</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Moniteau County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business Price Administration Office

MOTHER FATHER {

12. Name Edward Butcher

13. Birthplace Cole County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Pear

15. Birthplace Centertown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara B. Butcher

(b) Address 2618 Margarette Margarette

17. (a) Removal (b) Date thereof 5-7-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown, Mo

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar Boulevard

19. (a) MAY 9 1945 (b) J. F. Buddeck  
(Date received local health officer's report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7  
year 1945 hour 12:45 minute 2 M.

21. I hereby certify that I attended the deceased from Nov 7  
1944 to May 7 1945  
that I last saw him alive on May 7 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver Duration 8 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Samuel P. Grant (M. D. or other) M.D.  
Address 114 N. Taylor Ave Date signed 5/7/45

MAY 18 1945

(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Joseph McEulloch*

Licensed Embalmer No. *2462*

P. O. Address *6130 Delmar*

**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 this body is not embalmed, fact should be so stated above.**