

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2420

State File No.

318

1003

353

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Infirmary.</u>		d. STREET ADDRESS (If rural, give location) <u>4331a Evans</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lucille</u>	b. (Middle) <u>Jackson Armstrong</u>	c. (Last) <u>Armstrong</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Jan 11, 1949</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July, 5th, 1901</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 1 YEAR Days <u>6</u>	IF UNDER 24 HRS. Hours <u></u>	IF UNDER 24 HRS. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>	11. BIRTHPLACE (State or foreign country) <u>Forrest City, Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Dan Blackwell</u>	13b. MOTHER'S MAIDEN NAME <u>Harriett Rucker</u>	14. NAME OF HUSBAND OR WIFE <u>Rosevelt Armstrong.</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>Not Any</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Roosevelt Armstrong. 4331a Evans</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Addison's Disease (Adrenal Calcification)</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Adrenal Gland Calcification</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>a</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>65</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>293X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-14, 1948, to 1-11, 1949, that I last saw the deceased alive on 1-11, 1949, and that death occurred at 11:45 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. E. Smith, M.D.</u> (Degree or title)	23b. ADDRESS <u>1111 Jefferson St. Louis Mo</u>	23c. DATE SIGNED <u>1-12-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Shipped</u>	24b. DATE <u>Jan. 15, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Forrest City Ark</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Lassater</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Moses Adams 3848 Windsor Pl</u>
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JAN 13 1949

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

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
Student Embalmer

Signed

F. A. Green

Licensed Embalmer No. *2963*

P. O. Address *4214 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.