

FILED MAY 9 1949 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14503**
Registrar's No. **25**

BIRTH NO. _____ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **4469**

1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY OR TOWN STE. GENEVIEVE		c. CITY OR TOWN STE. GENEVIEVE	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 220 MERCHANT ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION 220 MERCHANT ST			
3. NAME OF DECEASED a. (First) HENRY b. (Middle) _____ c. (Last) ARMBRUSTER			4. DATE OF DEATH (Month) (Day) (Year) MAY 1 1949
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV 1 1874
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	11. BIRTHPLACE (State or foreign country) STE. GENEVIEVE CO. MO
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY CAMERA CABINETS	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOSEPH ARMBRUSTER		13b. MOTHER'S MAIDEN NAME CATHERINE EICHENLAUB	14. NAME OF HUSBAND OR WIFE JOSEPHINE BASKER
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. 489-0-1-9440	17. INFORMANT'S SIGNATURE OR NAME Agnes Armbruster - Ste. Genevieve Mo. ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial pneumonia	
INTERVAL BETWEEN ONSET AND DEATH 4/26/49		331X 4/27/49	
19a. DATE OF OPERATION X	19b. MAJOR FINDINGS OF OPERATION X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE X (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) X	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? X	
22. I hereby certify that I attended the deceased from April 26, 1947 , to May 1, 1949 , that I last saw the deceased alive on May 1, 1947 , and that death occurred at 5:45 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE R. B. Lanning M.D. (Degree or title)		23b. ADDRESS Ste. Genevieve Mo	23c. DATE SIGNED 5/1/49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 4 1949	24c. NAME OF CEMETERY OR CREMATORY VALLE SPRING	24d. LOCATION (City, town, or county) (State) STE. GENEVIEVE MO
DATE REC'D BY LOCAL REG. May 5 1949	REGISTRAR'S SIGNATURE L. D. Paul for T. M. Karl	FUNERAL DIRECTOR'S SIGNATURE Geo. C. Basker Ste. Genevieve Mo ADDRESS _____	

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

RECEIVED

Sanitary Health Officer No. 4
Sanitary File Number 549-591
Date Filed 5-7-49

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. 311

working under my personal supervision.

Student Adrian F. Elder
Student Embalmer

Signed Les C. Boster

Licensed Embalmer No. 1985

P. O. Address St. Genevieve Mo

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.