

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44030

BIRTH NO. _____		REG. DIST. NO. 1160		PRIMARY REG. DIST. NO. 5592		Registrar's No. 5-1	
1. PLACE OF DEATH a. COUNTY <u>Unknown Jefferson Co</u>				2. USUAL RESIDENCE (Where deceased lived if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cardinal Jackson Twp</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u> 2169			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>3435 Minnesota</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Allen</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Armbruster</u>	
4. DATE OF DEATH		Month <u>SEPT</u>		Day <u>30</u>		Year <u>1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 12-1919</u>	9. AGE (In years last birthday) <u>30</u>	10. IF UNDER 1 YEAR Months <u>2</u> Days <u>18</u>	11. IF UNDER 1 HRS. Hours <u>1</u> Min. <u>18</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Suburban</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mfg co.</u>		11. BIRTH PLACE (State or foreign country) <u>Valle Mines Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Chas. A. Armbruster</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Jerre</u>		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) <u>yes Navy W.W. 22</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas E. Armbruster St Louis Mo</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DROWNING</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(VERDICT OF JURY) BY</u> DUE TO (c) <u>DROWNING CAUSE UNKNOWN</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3435 Minnesota</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>150</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Unknown</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Import 10 May 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Samuel J. Mahoney</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>16 So. 8. Mo.</u>		23c. DATE SIGNED <u>10/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-13-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>5/11/50</u>		REGISTRAR'S SIGNATURE <u>V. J. Ballou</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>"Tinks"</u>		ADDRESS <u>Jefferson Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 9 1950

AUG 2 1950

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 5-16-50

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

Licensed Embalmer No.

P. O. Address

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.