

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21332  
5414

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>None</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Ill.</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (In this place) <b>1 hr.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>East St. Louis</b> <b>8120</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Inf.</b>		d. STREET ADDRESS (If rural, give location) <b>4215 Tudor Avenue</b> <b>8</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Allen</b> b. (Middle) c. (Last) <b>Armstead</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 20, 1950</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>2 Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>June 17, 1950</b>		9. AGE (In years last birthday) <b>3</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 24 HRS. Days <b>18</b>	IF UNDER 6 HRS. Hours <b>18</b>	IF UNDER 1 MIN. Min. <b>18</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>-</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>East St. Louis, Illinois /</b>		12. CITIZEN OF WHAT COUNTRY? <b>America</b>	
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13a. FATHER'S NAME <b>David Armstead</b>		13b. MOTHER'S MAIDEN NAME <b>Adys McNeese</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>	
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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) <b>-</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>David Armstead 4215 Tudor Avenue</b>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) <i>Bronch pneumonia</i></b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>76210</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **500 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Med. Mary Ruby Corwin</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>6/21/50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6/21/1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>East St. Louis</b>		24d. LOCATION (City, town, or county) (State) <b>Illinois</b>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>J. B. Lavater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>P. Q. Griggler 1036 Tudor Avenue</b>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 21 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Not Embalmed*

Signed.....  
Student Embalmer

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.