

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17701

State File No. ....

FILED MAY 19 1952  
3782

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3996

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i> 2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis Children's Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>2125 a Dalton</i>	
3. NAME OF DECEASED (Type or Print) <i>JAMES MICHAEL ARMISTEAD</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>4-27-52</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>1-10-52</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>3 mos. 17</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>St. Louis, Mo.</i>
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Les E. Armistead</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Campbell</i>	
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) <i>No</i>	
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>J. Young</i> ADDRESS <i>502 S. Kingshighway</i>	
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) <i>Congenital heart disease cyanotic type with cardiac decompensation</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Decompensation</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Infectious, Hepatitis and</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Chicken Pox</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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)	
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? <i>754H</i>		22. I hereby certify that I attended the deceased from <i>3-18</i> , 19 <i>52</i> to <i>4-27</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>4-27-52</i> , 19___, and that death occurred at <i>9:05 a.m.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>Dr. L. Austin</i> (Degree or title)		23b. ADDRESS <i>500 S. Kingshighway</i>	
23c. DATE SIGNED <i>4-28-52</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>Apr. 30, 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. Kuehns</i> ADDRESS <i>4448 S. Kingshighway</i>	
DATE REC'D BY LOCAL REG. <i>APR 28 1952</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>	

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Edwin J. McDermott*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3024

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.