V.S. No. 300
Rev. 10-48

LED OCT 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36139

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9206

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) 3 YR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1915 KRAFT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2049
d. STREET ADDRESS (If rural, give location) 4 1915 KRAFT

3. NAME OF DECEASED (Type or Print) a. (First) MELVIN b. (Middle) R c. (Last) ARMSTRONG
4. DATE OF DEATH (Month) 10 (Day) 5 (Year) 52
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED
8. DATE OF BIRTH 9-3-1885
9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 1 Days 2 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-PAINTER
10b. KIND OF BUSINESS OR INDUSTRY PAINTING
11. BIRTHPLACE (City and State or Foreign Country) CLINTON ILL
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME WALTER-L-ARMSTRONG
13b. MOTHER'S MAIDEN NAME MARY-PLEUME-SEVERNS
14. NAME OF HUSBAND OR WIFE MANDE ARMSTRONG
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN-WORTHINGTON-1915 KRAFT

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Accident	Immediate
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis-Hypertension	5 yr.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Megaloblastic Anemia Cardio-vascular Renal disease	? ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 331X

22. *I hereby certify that I attended the deceased from* 9/18, 1952, *to* 10/4, 1952, *that I last saw the deceased alive on* 10/4, 1952, *and that death occurred at* 7:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE Julian D. Tussey (Degree or title) DO
23b. ADDRESS St. Louis, 15, Missouri
23c. DATE SIGNED 10/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 10-5-52
24c. NAME OF CEMETERY OR CREMATORY MADISON WIS. CEM
24d. LOCATION (City, town, or county) (State) MADISON WIS.

DATE REC'D BY LOCAL REG. OCT 6 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY-B-SMITH-7456 MANCHESTER-MAPLEWOOD MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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 J. E. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.