

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11171

State File No.

2715

BIRTH NO. 90336

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer Phillips</i>		e. STREET ADDRESS (If rural, give location) <i>25 1912 N. 11th St. 2259</i>					
3. NAME OF DECEASED (Type or Print) <i>Baby Carol</i>		a. (First) <i>Ann</i>		b. (Middle) <i>Armstrong</i>			
c. (Last) <i>Armstrong</i>		4. DATE OF DEATH <i>March 9, 1953</i>		(Month) (Day) (Year)			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Dec. 11, 1952</i>	9. AGE (In years last birthday) <i>2</i>	IF UNDER 1 YEAR <i>2</i> Months <i>28</i> Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Mo.</i>			
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Calvin A. Armstrong</i>		13b. MOTHER'S MAIDEN NAME <i>Helen M. Pettit</i>			
14. NAME OF HUSBAND OR WIFE <i>None</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>			
17. INFORMANT'S SIGNATURE OR NAME <i>Calvin Armstrong</i>		ADDRESS <i>1912 N. 11th</i>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Toxic Diarrhea</i> DUE TO (c) <i>(Dehydration)</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>5710</i>			
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 <i>545th</i> m., from the causes and on the date stated above.							
22a. SIGNATURE <i>Patrick E. Taylor</i>		Degree or title <i>Coroner</i>		23b. ADDRESS <i>1300 Clark</i>			
23c. DATE SIGNED <i>3. 11. 53</i>		24a. BURIAL, CREMATION, REMOVAL <i>Removal</i>		24b. DATE <i>March 13, 1953</i>			
24c. NAME OF CEMETERY OR CREMATORY <i>Dakdale</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County</i>					
DATE REC'D BY LOCAL REG. <i>MAR 11 1953</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>M. E. Keane</i>			
				ADDRESS <i>1221 N. Grand</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

FILED MAR 31 1953

No. 300
10. 48

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.....
Signature of Student Embalmer

Signed *Lawrence Crooms*.....

Licensed Embalmer No. *475*.....

P. O. Address *1621 N. 2nd*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.