

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23423

State File No.

FILED JUL 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1737

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Michigan b. COUNTY Wayne

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellisville

c. LENGTH OF STAY (in this place) 34 days

c. CITY OR TOWN Detroit

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sunset Sanatorium

e. STREET ADDRESS (If rural, give location) 14310 Mettetal

3. NAME OF DECEASED (Type or Print)
a. (First) Fannie b. (Middle) Bertha c. (Last) Armstrong

4. DATE OF DEATH (Month) (Day) (Year) June 22, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Aug. 22, 1872

9. AGE (In years last birthday) 80
IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and State or Foreign Country) Santa Quinn, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Unknown Knowles

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE James P.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS James F. Armstrong, Fairgrounds Hotel

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC NEPHRITIS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTEIOSCLEROSIS

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC MYOCARDITIS

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION NONE

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 442X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from MAY 19, 1953, to JUNE 22, 1953, that I last saw the deceased alive on JUNE 22, 1953, and that death occurred at 6:07 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. R. Loving, M.D.

23b. ADDRESS BALLWIN, MO.

23c. DATE SIGNED 6-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) —

24b. DATE 6-24-53

24c. NAME OF CEMETERY OR CREMATORY Bellefontaine

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 6-23-53

REGISTRAR'S SIGNATURE Robert R. Daniels - M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.

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
Signature of Student Embalmer

Signed *John J. Haines*
Licensed Embalmer No. *4108*
P. O. Address *St. Louis*

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.