

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) <u>MO. 410 Hudson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wellsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellsville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>410 E Hudson</u>		d. STREET ADDRESS (If rural, give location) <u>410 Hudson</u>	

3. NAME OF DECEASED (Type or Print) <u>Caroline</u>			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>11-7-53</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>10-24-1886</u>		9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months <u>14</u>		11. IF UNDER 24 HRS. Hours <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <u>Wellsville, Montgomery Co, USA</u>				12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME <u>Geo. Howard</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Hoard</u>			14. NAME OF HUSBAND OR WIFE <u>Burl Armstead</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME <u>Gabriel M. Cloud</u>			ADDRESS <u>Wellsville</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Senility</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>794X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?					

22. I hereby certify that I attended the deceased from Oct 1, 1953, to Nov 7, 1953, that I last saw the deceased alive on Nov 7, 1953, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Willis H. Waller</u>		(Typed or Printed) 23b. ADDRESS <u>St Louis, Mo</u>		23c. DATE SIGNED <u>Nov 7, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-12-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis County MO</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Russell</u>		ADDRESS <u>2132 Pine St Louis MO</u>	
DATE REC'D BY LOCAL REG. <u>11-7-53</u>		REGISTRAR'S SIGNATURE <u>W.S. Roman Jr.</u>		425	

(Licensed Embalmer's Statement on Reverse Side)

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

Can't find

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

*John Russell*

Licensed Embalmer No. *3112*

P. O. Address *2732 Pine*

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.

The Division of Health of Missouri  
BUREAU OF VITAL STATISTICS

State File No. 36 598

State of Mo.  
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 19

On this 20 day of Dec, 1953, before me appears

Mrs. Russell, who, upon her oath, states that the original record of <sup>birth</sup> death  
for Caroline Armstrong died 11-7, 1953 in the State of

Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 8 should read 10-24-1866

Instead of \_\_\_\_\_ 10-24-1856.

Item No. 9 - should read age 87

Instead of \_\_\_\_\_ 97

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

x Affiant Priscilla Russell <sup>June</sup>  
2732 Pine St. Relationship.  
Present Address.

Subscribed and sworn to before me this 2 day of Dec, 1953

My Commission expires 3-4-57 Emil Judd Notary Public.

Affidavits containing erasures will not be accepted unless the erasures are drawn one line through and written above it. See Pine St. Cemetery - St. Louis

S-36598