

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13122**
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BIRTH NO. _____		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 ILLINOIS b. COUNTY _____				
b. CITY OR TOWN ST. LOUIS, MO		c. LENGTH OF STAY (in this place) 19 days		c. CITY OR TOWN BELLEVILLE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI PACIFIC HOSPITAL 1255 SO. GRAND. ST. LOUIS				• STREET ADDRESS (If rural, give location) 8120 6008 NORTH BELT WEST				
3. NAME OF DECEASED (Type or Print) a. (First) ELLIES			b. (Middle) A.		c. (Last) ARMSTRONG		4. DATE OF DEATH (Month) (Day) (Year) 4-12-54	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Oct. 29, 1892		9. AGE (in years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) PRINCETON, KENTUCKY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRODEL HUNTER			13b. MOTHER'S MAIDEN NAME MARY HUNTER		14. NAME OF HUSBAND OR WIFE JOHN A. ARMSTRONG			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME John A. Armstrong ADDRESS BELLEVILLE, ILL.				
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: Mesenteric Thrombosis 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.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 3-24-54		19b. MAJOR FINDINGS OF OPERATION Augure of pt. of ileum Mesenteric Thrombosis				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) 570.2				
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? _____				
22. I hereby certify that I attended the deceased from 3-24, 1954 , to 4-12, 1954 , that I last saw the deceased alive on 4-12, 1954 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Walter W. ...				23b. ADDRESS 1755 So. Grand		23c. DATE SIGNED 4-13-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE April 15, 1954	24c. NAME OF CEMETERY OR CREMATORY Vulhalla		24d. LOCATION (City, town, or county) (State) Belleville ILL			
DATE REC'D BY LOCAL REG. APR 14 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Charles G. Duran		ADDRESS Edwards ILL		

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

Not Embalmed

Signed.....
E. J. Kurr

Licensed Embalmer No. *310*

P. O. Address *East Lo*

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.