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 Reg. 6333 SL-3179  
 FILED FEB 21 1955

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 5959

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1225

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>MACOUPIN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>915 N. Grand, St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>	c. CITY OR TOWN <u>BUNKER HILL</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Veterans Administration Hosp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
STREET ADDRESS (If rural, give location) <u>P.O. Box 253</u>		<u>81208</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>D.</u> c. (Last) <u>ARMSTRONG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-7-55</u>	
5. SEX <u>MALE</u> <u>2</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>8-8-94</u>	
9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Maintenance Div State of Illinois</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles, Mo.</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Armstrong</u>		
13b. MOTHER'S MAIDEN NAME <u>Elsie Sims</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian Armstrong</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>WW-I</u>		16. SOCIAL SECURITY NO. <u>331 14 4389</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA Hosp. Records, 915 N. Grand, St. Louis, Mo.</u>	
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* (a) <u>SQUAMOUS CELL CARCINOMA, LEFT TONSIL WITH EXTENSIVE METASTASES</u> INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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.) <u>VA</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>145X</u>	
22. I hereby certify that I attended the deceased from <u>2-1-55</u> , 19 <u>  </u> , to <u>2-7-55</u> , 19 <u>  </u> , <del>and that death occurred on the date stated above.</del> <del>and that death occurred on the date stated above.</del> and that death occurred at <u>9:10a</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>J. T. Kaminski</u>		(Degree or title) <u>O M.D.</u>	23b. ADDRESS <u>VA Hosp. 915 N. Grand, St. Louis, Mo.</u>	23c. DATE SIGNED <u>2-7-55</u>
24a. FUNERAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-8-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bunker Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bunker Hill, Ill.</u>
DATE REC'D BY LOCAL REG. <u>FEB 9 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jacoby Fun. Home, Bunker Hill, Ill.</u>	

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..... *J. Wm B. [unclear]*  
Licensed Embalmer No. *36*  
P. O. Address *M. Lane*

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.