

FILED APR 11 1955

DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9312

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2927

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		STREET ADDRESS (If rural, give location) 19 4127 LACLEDE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) ALFRED		b. (Middle)		c. (Last) ARMSTRONG	
5. SEX MALE		6. COLOR OR RACE WHITE		4. DATE OF DEATH (Month) (Day) (Year) MARCH 29, 1955	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH Nov. 27, 1879		9. AGE (In years last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired ??		10b. KIND OF BUSINESS OR INDUSTRY ??		11. BIRTHPLACE (City and State or Foreign Country) ENGLAND	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME MATTHEW Armstrong		13b. MOTHER'S MAIDEN NAME SARAH Harper	
14. NAME OF HUSBAND OR WIFE Never Married		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. Nil.	
17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORD & (Thomas Brady P.A.)		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arteriosclerotic Heart Disease		ANTECEDENT CAUSES DUE TO (b) Generalized Arteriosclerosis		DUE TO (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.		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		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	
22. I hereby certify that I attended the deceased from 3-27-55, 19__, to 3-29-55, 19__, that I last saw the deceased alive on 3-29-55, 19__, and that death occurred at 2:00P m., from the causes and on the date stated above.					
23a. SIGNATURE Leo Armbrino		(Degree or title) M.D.		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 3-29-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-4-55	
24c. NAME OF CEMETERY OR CREMATORY Memorial Pk Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.			
DATE REC'D BY LOCAL REG. MAR 31 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.	

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.....

G. W. Wilbur

Licensed Embalmer No. *35*

P. O. Address *Law*

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.