

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34542

State File No.

FILED OCT 24 1955

8781

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1008	
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 township) ST Louis		c. LENGTH OF STAY (In this place) 71 yrs	c. CITY (If outside corporate limits, write RURAL and give township) ST Louis		2219
d. FULL NAME OF HOSPITAL OR INSTITUTION 618 1/2 North Garrison Ave			d. STREET ADDRESS (If rural, give location) 21 618 North Garrison Ave		
3. NAME OF DECEASED (Type or Print) a. (First) Joe		b. (Middle) Giles	c. (Last) Armstrong	4. DATE OF DEATH (Month) (Day) (Year) 10-5-1955	
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-29-1884	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 7 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY Mar-Tee Org. Mfg.	11. BIRTHPLACE (State or foreign country) ST. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Cass Armstrong		13b. MOTHER'S MAIDEN NAME Annie Lock		14. NAME OF HUSBAND OR WIFE Margaret Armstrong	
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. 489-03-1749	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Armstrong 2606 North Whittier		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Coronary Thrombosis			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 days
*This does not mean the 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) Basis DUE TO (c) 74 Fraction		
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 420.1			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?		
22. I hereby certify that I attended the deceased from 9/14 , 19 55 , to 10/5 , 19 55 that I last saw the deceased alive on 10-5 , 19 55 , and that death occurred at 5:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Deed or title) J.J. Thomas			23b. ADDRESS 822 Jefferson		23c. DATE SIGNED 10/7/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-8-55	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	24d. LOCATION (City, town, or county) (State) ST Louis " " Missouri	
DATE REC'D BY LOCAL REG. OCT 8 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Estella White 2616 North Garrison		

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Leroy W. Barrister

Signed.....
Student Embalmer

Licensed Embalmer No. 4523

P. O. Address 3880 Easton

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.