

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29169
STATE FILE NUMBER
318 Primary Registration District No. 1003 Registrar's No. 6738

FILED AUG 19 1957

Registration District No. 318

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Primary Registration District No.

1003

Registrar's No.

6738

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Webster Groves 46070	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda General		d. STREET ADDRESS 1001 East 9th Bend (Bethesda-Datworth Home)	
3. NAME OF DECEASED (Type or print) Dora Armstrong		4. DATE OF DEATH Month Day Year July 19, 1957	
5. SEX Female		6. COLOR OR RACE white	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 15, 1870	
9. AGE (In years last birthday) 87		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical nurse (retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) New Haven, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME John Armstrong		13b. MOTHER'S MAIDEN NAME Arthusa Johnson	
14. NAME OF HUSBAND OR WIFE never married		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 Address 3620 Paris Alley Buffalo Alley Tenn M.A. Steele cousin	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lymphosarcoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) <u>200.1</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>5/20/57</u> to <u>7/19/57</u> and last saw her alive on <u>7/18/57</u> Death occurred at <u>1:45 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Thomas W. Parker M.D.</u>		22b. ADDRESS <u>4660 Maryland St. Louis, Mo</u>	
22c. DATE SIGNED <u>7/19/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial July 22, 1957</u>		23b. NAME OF CEMETERY OR CREMATORY <u>Presbyterian Cemetery</u>	
23c. LOCATION (City, town, or county) <u>Washington Missouri</u>		23d. (State)	
24. FUNERAL DIRECTOR <u>Theburg & Tuttle</u> Address <u>Washington Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>JUL 19 1957</u>	
26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

Lester H. Velt

Licensed Embalmer No. *3254*

P. O. Address *Washington*

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.