RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-031819

FILED VS SEP 14 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8722 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY 8 mo.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 60 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 1221 N. 18th St. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Callie; Middle; Last Armstead

4. DATE OF DEATH: Month 9; Day 2; Year 60

5. SEX Female

6. COLOR OR RACE Col.

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 4-6-00

9. AGE (last birthday) 60

IF UNDER 1 YEAR: Months; Days — IF UNDER 24 HR: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY DOMESTICTS

11. BIRTHPLACE (City and state or country) Miss.

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME RICHARD ABRAHAMS

13b. MOTHER'S MAIDEN NAME Harriett KING

14. NAME OF HUSBAND OR WIFE JOHN ARMSTEAD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. 500-24-5408

17. INFORMANT CARLENE THOMAS — Address 2703, Dickson STREET

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH 8 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 260 x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 12-23-59, to 9-2-60 and last saw her/him alive on 9-2-60
Death occurred at 6:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. Beckham, M.D.

22b. ADDRESS 5800 Arsenal

22c. DATE SIGNED 9/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE 9-8-1960

23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY JEFFERSON BARRACKS

23d. LOCATION (City, town, or county) ST. LOUIS. COUNTY, (State) MISSOURI

24. FUNERAL DIRECTOR John H. Houston — ADDRESS 2812, THOMAS ST.

25. DATE RECD. BY LOCAL REG. SEP 7 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4441

P. O. Address 2812, Pho

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.