

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043906

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. _____ Registrar's No. 11209

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 30 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		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		Length of stay in 1b 10Hrs40Min	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Childrens		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3534 Paris Ave Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Sharon Valentia Armstrong			4. DATE OF DEATH Month 11 Day 19 Year 62
5. SEX F	6. COLOR OR RACE N	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-13-55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even, if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 7 1/2 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) St. Louis, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Price Clifton Armstrong		13b. MOTHER'S MAIDEN NAME Gladys Conn	
14. NAME OF HUSBAND OR WIFE None		17. INFORMANT Mary Foust Address 500 S. Kingshighway	
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. None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive gastrointestinal hemorrhage DUE TO (b) Erosion of gastroesophageal mucosa DUE TO (c) 539.1 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe Bronchial asthma			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input 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 _____ a.m. _____ p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 11-19-62 to 11-19-62 and last saw her XX alive on 11-19-62 Death occurred at 1:45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edward T. Barber MD (Degree or title)		22b. ADDRESS 500 S. Kingshighway	
22c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		22d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
22e. DATE SIGNED 11/20/62		22f. REGISTRAR'S SIGNATURE Head Smith, M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-23-62	23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	
23d. LOCATION (City, town, or county) St. Louis County, Mo.		23e. DATE REC'D. BY LOCAL REG. NOV 21 1962	
24. FUNERAL DIRECTOR G. Wade Granberry ADDRESS 4202 Finney Ave.,		25. DATE REC'D. BY LOCAL REG. NOV 21 1962	

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION ON Helen S. Taylor
Donner 11-21-62

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 Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.,
St. Louis, Mo.

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.