

REGD SEP 14 1939 791

Registration District No. 1003

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Anna Katherine Armstrong

8. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Feb. 17, 1905
(Month) (Day) (Year)

8. AGE: Years 34 Months 6 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Willisville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Anthony Cannarito

18. Birthplace Sicily
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Castigino
(City, town, or county) (State or foreign country)

15. Birthplace Sicily
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sam Armstrong
(b) Address 3639s So. Broadway

17. (a) Burial (b) Date thereof 8/26/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. N. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) AUG 25 1939 (b) J. F. [Signature]
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
3639s So. Broadway
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23
year 1939 hour 7 minute 35 M.

21. I hereby certify that I attended the deceased from 7-10-39
to 8-23, 1939
that I last saw her alive on 8-22, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis Duration 5 days

Due to Pelvic Abscess, post-operative following removal of ovarian cyst non malignant 12 days

Other conditions Acute Pyelo-nephritis
Non Calculous Non purulent PHYSICIAN

Major findings: Pelvic Abscess

Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy 139a

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) Means of injury _____

23. Signature Joseph [Signature] (M. D. or other) M.D.
Address 3720 W. Washington Date signed 8/29/39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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, above space should be left blank.