V. S. No. 2
0M—5-42
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35138

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10051

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 15 days (Specify whether years, months or days)
In this community 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3011 R. Lawton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Libbie Armster
3. (b) If veteran, name war none,
3. (c) Social Security No. 497-09-3823
4. Sex Female
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Allen Armster,
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased March (Month) 25th (Day) 1904. (Year)

8. AGE: Years	Months	Days	If less than one day
38	8	5	hr. min.

9. Birthplace Metropolis, Illinois. (City, town, or county) (State or foreign country)
10. Usual occupation Hotel-Maid.
11. Industry or business Hostelery,
MOTHER FATHER
12. Name William McAllister,
13. Birthplace Polk County, Ill. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Cornealia Houghes.
15. Birthplace Metropolis, Illinois. (City, town, or county) (State or foreign country)
16. (a) Informant Allen Armster
(b) Address 3011a. rear, Lawton Ave, St Louis,
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Dec 6th 42. (Month) (Day) (Year)
(c) Place: burial or cremation Metropolis, Illinois
18. (a) Signature of funeral director M. Newton Jr.
(b) Address 2822 Thomas, St, St Louis, Co.
19. (a) DEC 2 1942 (Date received local registrar) (b) C. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30, year 1942 hour 11 minute 55 P. M.
21. I hereby certify that I attended the deceased from October 15, 1942, to November 30, 1942, that I last saw her alive on November 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Cervix	6 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature E. L. Dickson (M. D. or other)
Address 2601 N. Theatur Date signed 12/1/42

(Licensed Embalmer's Statement on Reverse Side)

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

Signed [signature]

Licensed Embalmer No. 2266

P. O. Address 2812 Thomas, StLouis, 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 this body is not embalmed, fact should be so stated above.