

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, MO.
(b) City or town St. Louis
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(d) Length of stay: In hospital or institution Memorial
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(d) Street No. 706a Wilmington 9
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME MARGARET ARMBRUSTER

3. (b) If veteran, name war None 3. (c) Social Security No.

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

6. (b) Name of husband or wife Charles F. Armbruster 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 22, 1909 (Month) (Day) (Year)

8. AGE: Years 38 Months 11 Days 29 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name John Costley 4

13. Birthplace Scotland (City, town, or county) (State or foreign country)

14. Maiden name Rose pert

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

16. (a) Informant Mrs. Chas. F. Armbruster

(b) Address 706a Wilmington

17. (a) Burial (b) Date thereof 4-23-48 (Month) (Day) (Year)

(c) Place: burial or cremation Parklawn Cemetery

18. (a) Signature of funeral director S 6322 S. Grand Blvd.

(b) Address APR 21 1948 (c) J. J. Bredeck (Registrar's signature)

19. (a) APR 21 1948 (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th year 1948 hour 8 minute 00 P M.

21. I hereby certify that I attended the deceased from 12/30/47 to April 20th 1948 that I last saw her alive on April 20th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the breast - Primary site Duration

Due to 50

Other conditions metastatic carcinoma of the spine (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

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 W. J. Craft M.D. M. M. 4/21/48

Address 255 Lafayette Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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-

J. W. M. Beutler

Licensed Embalmer No

3653

P. O. Address

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 this body is not embalmed, fact should be so stated above.