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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 2-11-19

Registration District No. 219

Primary Registration District No. 2069

1. PLACE OF DEATH:  
(a) County SAINT LOUIS:  
(b) City or town RICHMOND HEIGHTS:  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
RES: 1315 HIGHLAND TERRACE:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community LIFE.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI: (b) County SAINT LOUIS:  
(c) City or town RICHMOND HEIGHTS:  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1315 HIGHLAND TERRACE:  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CAROL ARMSTEAD  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 11 day 8  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_;  
DIED WITHOUT MEDICAL ATTENDANCE \_\_\_\_\_ 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex FEMALE / 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced INFANT  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased AUGUST 8 1948.  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Accidental Mechanical  
Suffocation  
Due to Congenital Ribcage - came  
unknown  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
3 # \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace SAINT LOUIS MISSOURI.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name HERBERT G. ARMSTEAD  
13. Birthplace SAINT LOUIS MISSOURI.  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY JOHNSTON  
15. Birthplace SAINT LOUIS MISSOURI.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant HERBERT G. ARMSTEAD  
(b) Address 1315 HIGHLAND TERRACE.

17. (a) BURIAL (b) Date thereof NOV 9 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CEMETERY

18. (a) Signature of funeral director C. R. LUPTON & SONS.  
(b) Address 7233 DELMAR BLV'D.

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) (e) Means of injury \_\_\_\_\_  
Signature Thurid V. Lininger MD (M. D. optional)  
Address Acting Commissioner of Health Date signed 11-23-48

19. (a) 11-8-48 (b) Thurid V. Lininger MD  
(Date received local registrar) (Registrar's signature)

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**