

FILED JUN 15 1949

STANDARD CERTIFICATE OF DEATH

State File No. 18234
33

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. _____

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL STE. GENEVIEVE</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STE. GENEVIEVE MO</u> | |
| c. LENGTH OF STAY (In this place) <u>LIFE</u> | | d. STREET ADDRESS (If rural, give location) <u>700 MARKET</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u> | | | |

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|-------------------------------------|-----------------------|---------------------------|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>MAX</u> | b. (Middle) <u>JOSEPH</u> | c. (Last) <u>ARMBRUSTER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 8 1949</u> |
|-------------------------------------|-----------------------|---------------------------|-----------------------------|--|

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|--------------------|-------------------------------|---|-------------------------------------|---|------------------------|----------------------|------------------------|----------------------|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>FEB 16 1884</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | IF UNDER 1 MIN. Min. |
|--------------------|-------------------------------|---|-------------------------------------|---|------------------------|----------------------|------------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>LIME MFG CO</u> | 11. BIRTHPLACE (State or foreign country) <u>STE. GENEVIEVE CO MO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>MATHIAS ARMROSTER</u> | 13b. MOTHER'S MAIDEN NAME <u>CHRISTINE WIEBERRY</u> | 14. NAME OF HUSBAND OR WIFE <u>CORA DALLAS</u> |
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|---|--|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. <u>499-20-7715</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence Armbruster Sr. Ste. Genevieve Mo</u> | ADDRESS |
|---|--|--|---------|

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6/8/49</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> | | ? |
| | DUE TO (c) <u>Hypertension</u> | | ? |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral hemorrhage</u> | | | <u>5/2/49</u> |

| | | |
|--|--|--|
| 19a. DATE OF OPERATION <input checked="" type="checkbox"/> | 19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|--|--|--|

| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

| | | |
|--|--|---------------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2:30 P.M.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>---</u> |
|--|--|---------------------------------------|

22. I hereby certify that I attended the deceased from May 2, 1949, to June 8, 1949, that I last saw the deceased alive on June 8, 1949, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

| | | |
|---|---------------------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Dr. Lawrence M.D.</u> | 23b. ADDRESS <u>Ste. Genevieve Mo</u> | 23c. DATE SIGNED <u>6/9/49</u> |
|---|---------------------------------------|--------------------------------|

| | | | |
|---|-------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>JUNE 11 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ST MARY</u> | 24d. LOCATION (City, town, or county) (State) <u>ST MARY'S MO</u> |
|---|-------------------------------|---|---|

| | | | |
|---|--|--|-----------------------------------|
| DATE REC'D BY LOCAL REG. <u>June 11, 1949</u> | REGISTRAR'S SIGNATURE <u>L.D. Karl</u> | FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Basker</u> | ADDRESS <u>Ste. Genevieve Mo.</u> |
|---|--|--|-----------------------------------|

NOV 27 1949

RECEIVED

District Health Officer No. 4
District File Number 649-803
Date Filed 6-14-49

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. 311

working under my personal supervision.

Student Alvin F. Miller
Student Embalmer

Signed Geo. C. Basher

Licensed Embalmer No. 1985

P. O. Address Dr. Genevieve 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.