

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31562  
State File No. 8626

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>DeSage Hosp.</i>		d. STREET ADDRESS (If rural, give location) <i>17-3636 Shaw</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Gene</i> b. (Middle) <i>Frederick</i> c. (Last) <i>Armbuster</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Oct. 5, 1949</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept 25, 1907</i>
9. AGE (In years last birthday) <i>42</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	IF UNDER 12 HRS. Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife at home</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Tray, Ill.</i>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>Gene Frederick Armbuster</i>	
13b. MOTHER'S MAIDEN NAME <i>Della Snodgrass</i>		14. NAME OF HUSBAND OR WIFE <i>Joseph C. Armbuster</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>498-14-2026</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Joseph C. Armbuster 3636 Shaw</i>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Breast</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>58</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>170X</i>		22. I hereby certify that I attended the deceased from <i>Oct, 1946</i> to <i>Oct, 1949</i> , that I last saw the deceased alive on <i>10/4</i> , 1949, and that death occurred at <i>1:00 A.</i> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>Thomas M. Martin M.D.</i>		23b. ADDRESS <i>634 - no grand.</i>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>10-7-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Resurrection</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>How J. Finnan 1519 S. Grand</i>	
DATE REC'D BY LOCAL REG. <i>OCT 6 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. ...</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Elmo R. Padwell

Licensed Embalmer No. 4077

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.**