

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10124

State File No. 2393
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2393		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2239					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1622 Mississippi Av				d. STREET ADDRESS (If rural, give location) 23-1622 Mississippi Av							
3. NAME OF DECEASED (Type or Print) a. (First) Grace			b. (Middle) E.			c. (Last) Anderson Armstrong			4. DATE OF DEATH (Month) (Day) (Year) Mar 12 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 15 1899		9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months 4 Days 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Sullivan Missouri			12. CITIZEN OF WHAT COUNTRY U S		
13a. FATHER'S NAME Ira M Chandler				13b. MOTHER'S MAIDEN NAME Malisa Speaks				14. NAME OF HUSBAND OR WIFE Chester			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond Anderson RR#9 Box 556 Lema					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Uterus 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. _____								INTERVAL BETWEEN ONSET AND DEATH 9 Months	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? - YES <input type="checkbox"/> NO <input checked="" 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) 174-X		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Dec 29, 1949 , to March 12, 1950 , that I last saw the deceased alive on March 11, 1950 , and that death occurred at 4 A. m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) W. Willard J. Nash				23b. ADDRESS 20 1822 518 ST				23c. DATE SIGNED 4/19/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY Sullivan Cemetery				24d. LOCATION (City, town, or county) (State) Sullivan Missouri			
DATE REC'D BY LOCAL REG. MAR 13 1950		REGISTRAR'S SIGNATURE J. B. Pasater				25. FUNERAL DIRECTOR'S SIGNATURE Myrdell Linnell How		ADDRESS 1926 Allen Av			

WRITE PLAINLY—USING UNFADING 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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Dale A. Stannan

Licensed Embalmer No. 4533

P. O. Address 1956 Allen

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.