

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2552  
0156

State File No. ....

FILED JAN 26 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Lukes</u>		d. STREET ADDRESS (If rural, give location) <u>5949 Cates</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Argent</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>5</u> <u>1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>2/9/03</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <u>10</u> <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Receptionist</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>U</u>	
				12. COUNTRY OF WHAT CITIZENRY? <u>USA</u>	

13a. FATHER'S NAME <u>Moses Bushor</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Durbin</u>	14. NAME OF HUSBAND OR WIFE <u>Geo. G. Argent</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Betst Ann Smith</u> ADDRESS <u>5949 Cates</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Glio. blastoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Craniotomy - 1-4-52</u> Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>1-4-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>As above</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>192X</u>
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22. I hereby certify that I attended the deceased from 6-11-52, 1952, to 1/5, 1952, that I last saw the deceased alive on 1/5, 1952, and that death occurred at 8:30P m., from the causes and on the date stated above.

23. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>864 Hamilton Blvd</u> <u>St Louis 12 Mo</u>	23c. DATE SIGNED <u>1-7-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>1/1/8/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>JAN 7 1952</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert J. Ambruster, Inc.</u> ADDRESS <u>6633 Clayton</u>
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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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Ernest W. Spillars*

Licensed Embalmer No. *4080*

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.