V.S. No. 300
REV. 10.48

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2553

BIRTH NO. 91120 - 51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: CITY OF ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOHN'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2179
d. STREET ADDRESS (If rural, give location): 4015 LAFAYETTE

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle):
c. (Last): ARMBRUSTER

4. DATE OF DEATH (Month): 1 (Day): 2 (Year): 1952

5. SEX: MALE
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 12/31/51 10:40 pm.
9. AGE (In years last birthday): IF UNDER 1 YEAR: Months: Days: IF UNDER 1 HR.: Hours: 30 Min.: 50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ST. LOUIS MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ROBERT
13b. MOTHER'S MAIDEN NAME: THOMAS
14. NAME OF HUSBAND OR WIFE: MR. ROBERT ARMBRUSTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mr Robert Armbruster
ADDRESS:

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) Cerebral Anoxia — INTERVAL BETWEEN ONSET AND DEATH: 17hrs —

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prolapse cord at birth —

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 ☐ NO ☑

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 7610

22. *I hereby certify that I attended the deceased from* 1/1, 1952, *to* 1-2, 1952, *that I last saw the deceased alive on* 1/1, 1952, *and that death occurred at* 5:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jackson Eto (Degree or title) MD
23b. ADDRESS: 634 N. Grand
23c. DATE SIGNED: 1/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-3-52
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Missouri.

DATE REC'D BY LOCAL REG.: JAN 3 1952
REGISTRAR'S SIGNATURE: J. Carl Smith, MD
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Thos. J. Finan and sons 1519 S, Grand
(Licensed Embalmer's Statement on Reverse Side)

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.....

.....

working under my personal supervision. Not embalmed

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

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.