

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

39935

State File No. \_\_\_\_\_

9732

DECEASED'S  
BIRTH DATE NOV 19 1952

REG. DIST. NO. \_\_\_\_\_

318

PRIMARY REG. DIST. NO. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS - D.O.A.</u>		c. LENGTH OF STAY (in this place) <u>NIL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MAPLEWOOD 4.544</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>3604 MANHATTAN</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HAROLD</u> c. (Last) <u>ARMSTRONG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 27 52</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>MAY-24-1913</u>	9. AGE (In years last birthday) <u>39</u>	IF ORDER 1 YEAR Months <u>4</u> Days <u>29</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SLIGO-IRON CO</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DOVER TENN.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JAMES H. ARMSTRONG</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA HICKS</u>			
14. NAME OF HUSBAND OR WIFE <u>DOROTHY-ARMSTRONG</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO YES NONE WW2</u>		16. SOCIAL SECURITY NO. <u>714-16-3742</u>			
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DOROTHY-ARMSTRONG-3604 MANHATTAN</u>							
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, asthma, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				INTERVAL BETWEEN ONSET AND DEATH _____			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u>							
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 checked="" 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) _____			
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>4201</u>			
22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at <u>11:58</u> a.m., from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) <u>Patrick E. Taylor, Coroner</u>			22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>10-25-52</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>10-24-52</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM.</u>			
23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO</u>		23e. DATE REC'D BY LOCAL REG. <u>OCT 2 1952</u>		23f. REGISTRAR'S SIGNATURE <u>J. C. Smith</u>			
23g. FUNERAL DIRECTOR'S SIGNATURE <u>McJAY B. SMITH</u>		23h. ADDRESS <u>MAPLEWOOD - MISSOURI</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE ENTIRELY—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 *J. P. Burgess*

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 39935-52

State of MISSOURI  
County of ST. LOUIS } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 9732

On this 7th day of November, 1952, before me appears  
Dorothy S. Armstrong, who, upon her oath, states that the original record of ~~xxx~~ death  
for William Harold Armstrong died Oct. 22nd, 1952, in the State of  
Missouri, and which was filed at St. Louis, Mo. on Oct. 23, 1952, should be corrected as follows:

Item No. 15 should read WW #2

Instead of No

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Dorothy S. Armstrong wife  
Relationship wife  
3604 Manhattan Ave.  
Maplewood 17 Mo.  
Present Address.

Subscribed and sworn to before me this 7th day of November, 1952

My Commission expires 10-23-1954 Ruth E. Evans Notary Public.

Vertical text on the left margin: "...ing crasures will not be accepted as a real life through error and wife above it" and "Amio" at the bottom.

Small text at the bottom left: "V. S. 133 4-8-51 1 27817"

