

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20266

State File No.

FILED MAY 28 1953

BIRTH NO.

REG. DIST. NO. 317PRIMARY REG. DIST. NO. 500Registrar's No. 1438

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|---|-------------------------------|---|---|
| 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 OR TOWN <u>RURAL NEAR ROBERTSON</u>) | | c. LENGTH OF STAY (In this place) <u>2 years</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Englewood Home</u> | | STREET ADDRESS (If rural, give location) <u>5475 Cabanne Ave</u> <u>2059</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ELINOR</u> b. (Middle) <u>McCullough</u> c. (Last) <u>ARMSTRONG.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 24, 1953</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Oct. 3, 1859</u> |
| 9. AGE (In years last birthday) <u>93</u> | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kittanning, Penn.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Alexander McCullough.</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Esther Altman.</u> | | 14. NAME OF HUSBAND OR WIFE <u>William H. 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</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sidney Sweet, 5475 Cabanne Ave.,</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial Degeneration</u> ANTECEDENT CAUSES: <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arteriosclerosis, generalized</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | |
| 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) |
| 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 <u>19 Feb.</u> , 19 <u>52</u> to <u>24 May</u> , 19 <u>53</u> that I last saw the deceased alive on <u>21 May</u> , 19 <u>53</u> and that death occurred at <u>9:05 P.</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>H. E. J. Jansen M.D.</u> | | 23b. ADDRESS <u>Pattonville, Mo.</u> | 23c. DATE SIGNED <u>25 May 53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>5-25-1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Cedar Rapids, Iowa.</u> |
| DATE REC'D BY LOCAL REG. <u>5-25-53</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Donker</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons; 7233 Delmar Blvd;</u> |

(Licensed Embalmer's Statement on Reverse Side)

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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.....
Signature of Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.