

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22699**
Registrar's No. **5748**

LED JUN 24 1953
BIRTH NO.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		e. STREET ADDRESS (If rural, give location) 1049 Surburban		2059	
3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) c. (Last) Armfield			4. DATE OF DEATH (Month) (Day) (Year) June 8 1953		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NO	8. DATE OF BIRTH II/27/1889		9. AGE (In years last birthday) 63 If UNDER 1 YEAR: Months Days If UNDER 12 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY No	11. BIRTHPLACE (City and State or Foreign Country) Washington County, Miss.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Alex Armfield		13b. MOTHER'S MAIDEN NAME Sallie Sadler		14. NAME OF HUSBAND OR WIFE NO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494/24/3699		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura Dunson 1057 Suburban Track	
MEDICAL CERTIFICATION					
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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Urethra with metastasis to Regional Nodes ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 181X	
22. I hereby certify that I attended the deceased from 4-3-1953, to 6-8-1953, that I last saw the deceased alive on 6-8-1953, and that death occurred at 2:05p m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Herbert H. Harris</i> M. D.			23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 6-9-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/13/53	24c. NAME OF CEMETERY OR CREMATORY Washington P Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
DATE REC'D BY LOCAL REG. JUN 9 1953		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>David and Broom</i> 1405 Riddler St	

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... *Leroy U. Bannister*

Licensed Embalmer No... *452*

P. O. Address... *3880 E*

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.