

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26103**FILED **JUL 31 1953**REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **6619**

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>  |  | c. LENGTH OF STAY (in this place)   |  | c. CITY OR TOWN <b>New Haven</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>4385 Bernard Nursing Home</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)   |  | 4. DATE OF DEATH  |  | 5. STREET ADDRESS (If rural, give location)   |  |
| a. (First) <b>Martha</b>  |  | b. (Middle) <b>Lillian</b>  |  | c. (Last) <b>Bagby</b>  |  |
| 6. DATE (Month) (Day) (Year)  |  | <b>July 2, 1953</b>   |  |   |  |
| 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>                 |  |
| 8. DATE OF BIRTH <b>Dec. 28, 1870</b>   |  | 9. AGE (In years last birthday) <b>82</b>   |  | IF UNDER 1 YEAR Months Days   |  |
| IF UNDER 24 HRS. Hours Min.   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>   |  |   |  |
| 10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Beemont, Mo.</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>  |  |
| 13a. FATHER'S NAME <b>Edward M. Armstrong</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Martha Walton</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>Robert</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>   |  | 16. SOCIAL SECURITY NO. <b>None</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Walter J. Bagby, Hammond, Ind.</b>             |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Cardio Vascular Disease</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Generalized Arteriosclerosis</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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)<br><b>4221</b><br><b>4 Ind.</b>     |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  |  | 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 <b>Oct. 14, 1950</b> to <b>July 2, 1953</b> , that I last saw the deceased alive on <b>March 19, 1953</b> and that death occurred at <b>5:30 a. m.</b> , from the causes and on the date stated above. |  |   |  |   |  |
| 23a. SIGNATURE (Degree or title) <b>Wm. Miller MD</b>   |  | 23b. ADDRESS <b>634 N. Grand Blvd.</b>  |  | 23c. DATE SIGNED: <b>7/24/53</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  |  | 24b. DATE <b>7-2-53</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>New Haven Cemetery</b>                        |  |
| 24d. LOCATION (City, town, or county) (State) <b>New Haven, Mo.</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b> ADDRESS <b>4700 Washington Blvd.</b>  |  |   |  |
| DATE REC'D BY LOCAL REG. <b>III 3 1953</b>  |  | REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>   |  | (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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John S. Pennek*  
Licensed Embalmer No. *419*  
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.