

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24218

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6547

I. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO.

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

c. CITY OR TOWN

St. Louisd. Is Residence within limits of a city or incorporated town? Yes No d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL

f. STREET ADDRESS (If rural, give location)

25415 N. 12th-Jefferson Hotel

3. NAME OF DECEASED

a. (First)

b. (Middle)

c. (Last)

(Type or Print)

GeorgeH.Armstrong

4. DATE OF DEATH (Month) (Day) (Year)

July 13, 1954

5. SEX

0

6. COLOR OR RACE

MaleWhite

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Never Married

8. DATE OF BIRTH

Feb. 7, 1871

9. AGE (In years last birthday)

83

IF UNDER 1 YEAR Months Days

IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bond Salesman

10b. KIND OF BUSINESS OR INDUSTRY

Stock Brokers

11. BIRTHPLACE (City and State or Foreign Country)

Minneapolis, Minn.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13a. FATHER'S NAME

John A. Armstrong

13b. MOTHER'S MAIDEN NAME

Mary Anne Donohue

14. NAME OF HUSBAND OR WIFE

None

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.

None

17. INFORMANT'S SIGNATURE OR NAME

Cora A. Armstrong, 66 So. 12th

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Stroke (apoplectic)

ANTECEDENT CAUSES

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

DUE TO (b)

Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

Minneapolis, Minn.

INTERVAL BETWEEN ONSET AND DEATH

2 mo.10 yrs.

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)

21e. INJURY OCCURRED

WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

334X22. I hereby certify that I attended the deceased from April 29, 1954, to July 13, 1954, that I last saw the deceased alive on July 13, 1954, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

J. H. MendenhallM.D.BARNES HOSPITAL7/14/54

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

7-16-54

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

Minneapolis, Minn.

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Jul 16 1954J. Earl Smith, M.D.Albert H. Hoppe, 4700 Washington Blvd.

OCT 29 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John d Dennis*
Licensed Embalmer No. *4*

P. O. Address *St L*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.