

FILED AUG 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No. 28844
Registrar's No. 6696

BIRTH MO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6696											
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) ST. LOUIS, MO.				c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Overland		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 BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) 2446 Ackerman													
3. NAME OF DECEASED (Type or Print) Anna			a. (First)		b. (Middle) L.		c. (Last) De Armev		4. DATE OF DEATH (Month) (Day) (Year) July 19, 1954								
5. SEX M F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 26, 1878		9. AGE (In years last birthday) 75		10. UNDER 1 YEAR Months		11. UNDER 4 HRS. Days		12. UNDER 1 HRS. Hours		13. UNDER 1 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Unk.				12. CITIZEN OF WHAT COUNTRY? Unk					
13a. FATHER'S NAME Schimeldaker				13b. MOTHER'S MAIDEN NAME Unk				14. NAME OF HUSBAND OR WIFE Fredrick A De Armev									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO. Unk				17. INFORMANT'S SIGNATURE OR NAME EARL HILLEMANN				ADDRESS Overland Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH					
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage								12 yrs.					
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis													
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus													
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) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 331X									
22. I hereby certify that I attended the deceased from July 13, 1954, to July 19, 1954, that I last saw the deceased alive on July 19, 1954, and that death occurred at 1:20 P.M., from the causes and on the date stated above.																	
23a. SIGNATURE FR Bradley				(Degree or title) M. D.				23b. ADDRESS BARNES HOSPITAL				23c. DATE SIGNED 7/20/54					
24a. BURIAL, CREMATION, REMOVAL Removal				24b. DATE 7-21-1954				24c. NAME OF CEMETERY OR CREMATORY Brazil Ind.				24d. LOCATION (City, town, or county) (State)					
DATE REC'D BY LOCAL REG. JUL 20 1954				REGISTRAR'S SIGNATURE J. Earl Smith, M.D.				25. FUNERAL DIRECTOR'S SIGNATURE Hillman Funeral Home				ADDRESS Overland, Mo.					

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

Y.P. (Licensed Embalmer's Statement on Reverse Side)

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 *Earl Hilleman*.....

Licensed Embalmer No. *350*

P. O. Address *Quebec*

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.