

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 29 1955

State File No.

No. 300
10.48

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1933

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kirkwood | c. LENGTH OF STAY (In this place) 9 Days | c. CITY OR TOWN Rock Hill | 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 St. Joseph Hospital | | e. STREET ADDRESS (If rural, give location) 1421 Salem Hills | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) ROSE b. (Middle) ARMBRUSTER c. (Last) ARMBRUSTER | | | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 17 1955 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH March 1, 1883 | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and State or Foreign Country) Germany | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Thomas Fehrenbach | 13b. MOTHER'S MAIDEN NAME Theresa Fehrenbach | 14. NAME OF HUSBAND OR WIFE Fred Armbruster |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NUMBER (If you, give year or date of service) 992-07-9812 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Armbruster 1421 Salem Hills |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Postoperative Intraoperative Hemorrhage | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 153A | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Adenocarcinoma of Colon with Lymph Node Metastasis | | | |

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| 19a. DATE OF OPERATION 8-17-55 | 19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Colon c lymph node metastasis | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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 <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 8-12, 1955, to 8-17, 1955, that I last saw the deceased alive on 8-17, 1955, and that death occurred at 2:00P m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) J. L. Tomlinson M.D. | 23b. ADDRESS 508 N. Grand St. St. Louis Mo. | 23c. DATE SIGNED 8-19-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Aug. 20, 1955 | 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
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| DATE REC'D BY LOCAL REG. 8/19/55 | REGISTRAR'S SIGNATURE Herbert B. Donke M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Friegshauser 4228 S. Kingshighway Bl. |
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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.....
Licensed Embalmer No. 453

P. O. Address.....

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.