FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35408

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 2314

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ferguson
c. LENGTH OF STAY (in this place) 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 16-A Church St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ferguson H119
d. STREET ADDRESS (If rural, give location) 16-A Church St.

3. NAME OF DECEASED (Type or Print)
a. (First) ALVINA
b. (Middle) FREDRICKA
c. (Last) ARMS

4. DATE OF DEATH (Month) (Day) (Year) 10-4-55

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 8-28-1900
9. AGE (In years last birthday) 55 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Payroll Clerk
10b. KIND OF BUSINESS OR INDUSTRY Kilgen Organ Co.
11. BIRTHPLACE (City and State or Foreign Country) Jennings, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James W. Arms
13b. MOTHER'S MAIDEN NAME Mary Gerling
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-16-3051
17. INFORMANT'S SIGNATURE OR NAME Leonora Bucher, 16-A Church St. 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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis abdominal primary site unknown — INTERVAL BETWEEN ONSET AND DEATH months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
1991

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Carcinomatosis abdominal primary site unknown
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1946, *to* 4 oct, 1955, *that I last saw the deceased alive on* 4 Oct, 1955, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] MD
23b. ADDRESS 212 S. Florissant Ferguson, Mo.
23c. DATE SIGNED 10/6/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-7-55
24c. NAME OF CEMETERY OR CREMATORY Salem Lutheran Cem.
24d. LOCATION (City, town, or county) (State) Black Jack, Missouri

DATE REC'D BY LOCAL REG. 10-7-55
REGISTRAR'S SIGNATURE Herbert R. Hanke MD
25. FUNERAL DIRECTOR'S SIGNATURE WHITE CHAPEL, FERGUSON, MISSOURI ADDRESS

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 .....
Student Embalmer

Signed Eleanor Prounce

Licensed Embalmer No. 3403

P. O. Address Jennings, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.