

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39276

State File No.

FILED NOV 29 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2652

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis,</u>	
c. LENGTH OF STAY (If in this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>2904 Alcott Avenue, No. 2019</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edmund</u> b. (Middle) <u>Russell</u> c. (Last) <u>Armitage</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 12 55</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-19-1878</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 Hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>Greasy Bus (Retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Geo.</u>	11. BIRTHPLACE (State or foreign country) <u>Cottsville, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>James Armitage</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Russell</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Armitage</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>X Anna Armitage</u>	ADDRESS <u>4904 Alcott</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11-11-55</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>RESECTION of TRANSVERSE COLON</u>		
	DUE TO (c) <u>fecal fistula + Ca of mid portion of TRANSVERSE COLON</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>10-27-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>fecal fistula - Ca of TRANSVERSE COLON (ADENO-CA)</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>534 153X</u>
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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?
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22. I hereby certify that I attended the deceased from 10/27, 1955, to 11/12, 1955 that I last saw the deceased alive on 11/2, 1955 and that death occurred at 5:52 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph G. Gabor</u>	(Degree or title) <u>Do</u>	23b. ADDRESS <u>5324 River Road, Bertr</u>	23c. DATE SIGNED <u>11/12/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-15-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-13-55</u>	REGISTRAR'S SIGNATURE <u>Hubert B. DeGard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Math. Hermann & Son Inc.</u>	ADDRESS <u>2161 E. Fair Ave.</u>
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(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

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3737

P. O. Address St. Louis, Missouri

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