

FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6912

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 105

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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 Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood | | c. CITY OR TOWN Ballwin | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 19 days | | e. STREET ADDRESS (If rural, give location) Armstrong Lane | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hosp. | | | |

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| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) William | b. (Middle) B. | c. (Last) Armstrong | (Month) 1 | (Day) 13 | (Year) 57 |

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|-----------------------|----------------------------------|--|---|--|---------------------------|--------------------------|---------------------------|--------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Apr. 2, 1899 | 9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 60 HRS. Hours | IF UNDER 15 MIN. Min. |
|-----------------------|----------------------------------|--|---|--|---------------------------|--------------------------|---------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lather | 10b. KIND OF BUSINESS OR INDUSTRY Armstrong DUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Unknown Armstrong | 13b. MOTHER'S MAIDEN NAME Helen Peters | 14. NAME OF HUSBAND OR WIFE Dorothy Jenkins Armstrong |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no | 16. SOCIAL SECURITY NO. 498-05-3002 | 17. INFORMANT'S SIGNATURE OR NAME Dorothy Armstrong, Ballwin, Mo. | ADDRESS g |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction | | DUE TO (b) Arteriosclerotic Heart Disease | | 3 weeks |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) none | | |
| 2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4200 | 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 12 25, 1956, to 1 13, 1957, that I last saw the deceased alive on 1-12, 1957, and that death occurred at 12:30 A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Frank A. Cotterman MD | 23b. ADDRESS 206 N. Clay Kirkwood Mo. | 23c. DATE SIGNED 1/14/57 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1/16/57 | 24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | 24d. LOCATION (City, town, or county) (State) Kirkwood, Mo. |
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| DATE REC'D BY LOCAL REG. 1-14-57 | REGISTRAR'S SIGNATURE Herbert B. Domlehner | 25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, Ballwin, Mo. | ADDRESS |
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(Licensed Embalmer's Signature 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Richard Bopp

Licensed Embalmer No....45814

P. O. Address..Ballwin, Mo.

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.