

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008997
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 308

VS 300
Rev. 4/59
14031
2240002
3
4 0
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9199.2
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1243-2
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 23 1962
1. PLACE OF DEATH
a. COUNTY Saint Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ST Louis
c. CITY OR TOWN Saint Louis Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No
10325 Lookaway Drive

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Carl J Armbruster Jan. 24, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-28-01 9. AGE (last birthday) 60 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner 10b. KIND OF BUSINESS OR INDUSTRY Plumbing Co. 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Fred Armbruster 13b. MOTHER'S MAIDEN NAME Anna Diehle 14. NAME OF HUSBAND OR WIFE Isabelle G. Armbruster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address Isabelle G. Armbruster, 10325 Lookaway Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac arrest INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs Approx
Conditions; if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) infection & debilitation 1 1/2 hrs approx
DUE TO (c) Metastatic carcinoma 1 1/2 hrs approx
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Secondary anemia PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7/6/61 to 1-24-62 and last saw her/him alive on 1-23-62
Death occurred at 7:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS 705 Chambers Rd ST Louis 37 MO 22c. DATE SIGNED 1-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Jan. 27, 1962 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Missouri

24. FUNERAL DIRECTOR ADDRESS Kriegshausner, 9450 Olive Boulevard 25. DATE RECD. BY LOCAL REG. 1-24-62 26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

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 William A White

Licensed Embalmer No. 4291

P. O. Address 4238th / Kensington

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.