MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8047 65-033050 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED — FILED AUG 26 1965

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. — SHOULD READ — INSTEAD OF — DATE AMENDED — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 10 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Faith Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Pine Lawn
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3545 Pine Grove
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Albertena Middle: Last: Armgardt

4. DATE OF DEATH: Month: Aug. Day: 19 Year: 1965

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1-20-90

9. AGE (last birthday): 75
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): Silk Finisher (ret.)

10b. KIND OF BUSINESS OR INDUSTRY: Cleaning

11. BIRTHPLACE (City and state or country): Cape Girardeau, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: August Kurre

13b. MOTHER'S MAIDEN NAME: Mary Huber

14. NAME OF HUSBAND OR WIFE: Henry Armgardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 490-05-4031

17. INFORMANT: Marguerite Wilmsmeyer, Address: 3545 Pine Grove

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Metastatic Carcinoma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 199.2
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 12-28-1964 to 8-19-1965 and last saw her him alive on 8-19-1965
Death occurred at 6:30 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Gustavo Vollmer MD

22b. ADDRESS: 8307 Terminal Rd

22c. DATE SIGNED: 8-20-65

23a. BURIAL, CREMATION, REMOVAL (Specify): removal (motor)

23b. DATE: 8-21-65

23c. NAME OF CEMETERY OR CREMATORY: Lorimer Cemetery

23d. LOCATION (City, town, or county) (State): Cape Girardeau Mo.

24. FUNERAL DIRECTOR ADDRESS: Drehmann-Harral, 7733 Nat'l. Bridge

25. DATE RECD. BY LOCAL REG.: AUG 20 1965

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Gaetano Valenza
8307 Jennings Rd.
Co 1-7301
Hrs. 2-5

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 Albert R. Thompson

Licensed Embalmer No. 4257

P. O. Address St. Louis

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.