

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

20913

1. PLACE OF DEATH
 County St. Louis Registration District No. 785
 Township St. Louis Primary Registration District No. 3037
 City Kirkwood Mo. Old Folks Home St. _____ Ward) _____

2. FULL NAME Augusta J. Armstrong
 (a) Residence, No. 1711 1/2 Belmont St. RD Ward. Kirkwood Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1856

7. AGE YEARS 76 MONTHS 8 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Ely, Mo.

13. NAME Joseph R. Armstrong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Republic, Pa.

15. MAIDEN NAME Anna H. Lepple

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Joseph R. Armstrong, Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE June 13, 1933

19. UNDERTAKER (ADDRESS) Louis H. Booth, Kirkwood Mo.

20. FILED 6-12-33 C. E. Bennett M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1933

22. I HEREBY CERTIFY That I attended deceased from June 6, 1933 to June 10, 1933
 I last saw her alive on June 9, 1933 Death is said to have occurred on the date stated above, at 3:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 6/9/33
Brain
97
824

Other contributory causes of importance:
Arterio Sclerosis - indeterminate

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) A. H. Aschbach, M. D.
 (Address) 17 E. Kirkwood

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

