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.

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

Do not use this space.

14430

1. PLACE OF DEATH APR 29 1935

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. 2231 Lucas ave St. ..... Ward)

File No. .....

Registered No. 3259

2. FULL NAME Robert Armstrong

(a) Residence, No. 2231 Lucas ave St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: YEARS: abt 58 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): Aberdeen Miss

FATHER

13. NAME: William Armstrong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Aberdeen Miss

MOTHER

15. MAIDEN NAME: Rosa Terell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Aberdeen Miss

17. INFORMANT (ADDRESS): Rosa B. Scott 2231 Lucas ave

18. BURIAL, CREMATION, OR REMOVAL: Cem

PLACE Fatty Dichoy DATE 4-10 1935

19. UNDERTAKER (ADDRESS): Ellis Funeral Home 2820 Stoddard

20. FILED APR -9 1935 19 J. Biedick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 3rd 1935 to April 4th, 1935

I last saw him alive on April 3rd, 1935. Death is said to have occurred on the date stated above, at 3:35 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance: 23

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

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) E. S. Bailey M. D.

(Address) City Hospital #2 O.P. Dept