

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.

JAN 10 1937

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

Do not use this space.

46299

1. PLACE OF DEATH

County.....

Township.....

City St. Louis, Mo. (No. CITY HOSPITAL NO. 2)

Registration District No. 791

City Hospital No. 2

Primary Registration District No. 1008

File No. 12085

Registered No. ....

St. .... Ward)

2. FULL NAME Lucius Armstrong

(a) Residence, No. 3416 Laclede St., 18 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 8, 1876

7. AGE YEARS 60 MONTHS 9 DAYS 28 If LESS than 1 day, ..... hrs. or ..... min.

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

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

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) Tenn.

13. NAME Moses Armstrong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Malinda Brown

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

17. INFORMANT (ADDRESS) Ruby Perdeau 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Dec. 12 1936

19. UNDERTAKER (ADDRESS) J. H. Harrison 2906 Lawton

20. FILED DEC. 9 1936 J. S. Br. deck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6- 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-2- 1936 to 12-6- 1936

I last saw h. im alive on 12-6- 1936 Death is said to have occurred on the date stated above, at 8:45 A. M.

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

Arteriosclerotic Heart Disease 12-2-1936

Other contributory causes of importance: None

Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical 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?  
If so, specify.....

(Signed) W. L. Lewis M. D.  
(Address) 2945 Lawton Ave.

