APR 27 1937

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

Do not use this space.

File No. 13588

Registered No. 146

1. PLACE OF DEATH
County Saint Louis
Township Carondelet
City Jefferson Barracks (No. Vets. Adm. Fac. 1 St. Ward)

Registration District No. 1123
Primary Registration District No. 6248B

2. FULL NAME John N. ARMBRUSTER

(a) Residence, No. 16 South 19th Street, St., Ward. Belleville, Illinois.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Dorothy Armbruster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 11, 1893

7. AGE: Years 44 | Months 2 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stove Moulder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
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) Belleville, Illinois

FATHER
13. NAME Conrad Armbruster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Illinois

MOTHER
15. MAIDEN NAME Mary Coeras
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Illinois

17. INFORMANT Clinical Clerk M Schiller
(ADDRESS) VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belleville Ill. DATE April 4, 1937

19. UNDERTAKER Pete Gaynor
(ADDRESS) Belleville Ill.

20. FILED Apr 2, 1937 L Mowry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1937, to April 2, 1937
I last saw him alive on April 2, 1937. Death is said to have occurred on the date stated above, at 5:45A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Laryngitis, with marked edema, cause undetermined.	Unkn.
Other contributory causes of importance: Broncho pneumonia.	Unkn.

Name of operation None Date of
What test confirmed diagnosis? Clinical manif. and laboratory 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) C. H. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Missouri

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.