

38084

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

791
1003
Registration District No.

Primary Registration District No.

Registrar's No.

9923

1. PLACE OF DEATH:

(a) County 2
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5000 Waterman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 12
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5000 Waterman
(If rural, give location)
(e) If foreign born, how long in U. S. A. 10 years.

3. (a) PRINT FULL NAME May Viche Armistead

3. (b) If veteran, name war ✓ 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Wm J Armistead 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May 12 1874
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 29 If less than one day hr. min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

MOTHER FATHER { 12. Name Frederick W Viche 6

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Sage

15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frederick Armistead

(b) Address 5363 Waterman Ave

17. (a) Burial (b) Date thereof Nov. 13 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vincennes

18. (a) Signature of funeral director Fred M Williams

(b) Address 4535 Washington St

19. (a) NOV 21 1939 (b) J. J. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 11, year 1939 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from Oct. 21, 1939, to Nov 11, 1939, that I last saw her alive on Nov 11, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Occlusion

Due to Coronary Occlusion

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) Means of injury —

23. Signature Joseph E Carney (M. D. —)

Address 5215 Frisco Bldg Date signed 10 12 39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

99223 99223

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Albert G. Hoffe
Licensed Embalmer No. 2971
P. O. Address.....

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 this body is not embalmed, above space should be left blank.