JAN 16 1940
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 3828

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 106

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County ST. LOUIS Ward 3

(b) City or town ST. JOHNS STA.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8840-ST. CHARLES-ROAD (GEM-THEATRE)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 4 YEARS
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town ST. JOHNS STA.
(If outside city or town limits, write "RURAL")

(d) Street No. 8815-BURTON AVE.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 52 yrs. years.

3. (a) PRINT FULL NAME GEORGE ARMONEIT 655

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M

5. Color or race W

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ W

6. (b) Name of ~~husband or~~ wife ANNA ARMONEIT

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased OCT. (Month) 7 (Day) 1862 (Year)

8. AGE: Years 77 Months 3 Days 6 If less than one day ____ hr. ____ min.

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

10. Usual occupation RETIRED MILLWRIGHT

11. Industry or business MO. PORTLAND CEMENT CO.

FATHER
12. Name UNKNOWN 6
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Marie Theodorow

(b) Address 8815-BURTON AVE

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Baumann Bros Inc.

(b) Address 2504-Woodson Overland, Mo.

19. (a) JAN 16 1940 (Date received local registrar) (b) G. R. Meyer M.D. Dr. P.H. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 13 year 1940 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death | |
| Coronary occlusion | |
| Due to | |
| Due to 94 | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) ____

(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? ____ (Specify type of place)

(e) While at work? no (f) Means of injury ____

23. Signature John O'Connell (M. D. or other) 5

Address Coroner of St. Louis County Date signed 1/15/

(Licensed Embalmer's Statement on Reverse Side)

## 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 _____

Licensed Embalmer No. _____

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.**