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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5187

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2017

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

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether years, months or days)

In this community 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County X

(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")

(d) Street No. 819 Chambers
(If rural, give location)

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

8. (a) PRINT FULL NAME Long Armstrong

8. (b) If veteran, name war Unknown

8. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna Armstrong

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

7. Birth date of deceased January 29, 1879 (Month) (Day) (Year)

8. AGE: Years 61 | Months ---- | Days ---- | If less than one day ---- hr. ____ min.

9. Birthplace Unknown (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Nil. 9

11. Industry or business Nil. 1

FATHER
12. Name Jesse Armstrong 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Ann Morrison
(b) Address City Hospital, #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-29-40 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Jesse Tate Foreman
(b) Address City Hospital #1 Morgue

19. (a) FEB 28 1940 (Date received by registrar) (b) J. F. Butler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29, year 1940 hour 7:00 minute A.M.

21. I hereby certify that I attended the deceased from January 22, 1940 to January 29, 1940 that I last saw him alive on January 29, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to	
Due to	
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)
While at work? (e) Means of injury

23. Signature Jesse M. Tate (M. D. or other)
Address 1515 Lafayette, Date signed 1/29/40

(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 wit the above constitutes grounds for revocation of license.)

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