

No. 2
1-10-30
-17-30
X-218

MAY 15 1940

791

1003

State File No.

3166

Registration District No.

Primary Registration District No.

Registrar's No.

I. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
SAINT LUKES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME WILLARD P. ARMSTRONG 652
8. (b) If veteran, name war unknown
3. (c) Social Security No. none

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ZOE HATLER
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOVEMBER 4th 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 5 I hr. min.

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

10. Usual occupation RETIRED - 5 yrs. CITY

11. Industry or business SALES MGR. ELY WALKER D.

12. Name WALTER ARMSTRONG

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

14. Maiden name CYNTHIANA BROCKMAN

15. Birthplace CYNTHIANA KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS CHARLES A. BRANDON

(b) Address # 8 WILLOW HILL ROAD

17. (a) BURIAL (b) Date thereof 4-6-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VAUHALLA CEM.

18. (a) Signature of funeral director C. R. LUPTON SONS

(b) Address # 7233 DELMAR BLVD

19. (a) APR 5 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town VILLAGE OF LADUE NR
(If outside city or town limits write "RURAL")
(d) Street No. # 8 WILLOW HILL ROAD.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th
year 1940 hour 6 minute 53A.M.

21. I hereby certify that I attended the deceased from Mar 24th
1935, to April 5th, 1940
that I last saw him alive on April 4th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion.

Due to Arteriosclerosis

Due to _____

Other conditions Sup. stitiation media
(Exclude pregnancy within months of death)

Chronic hepatitis Pyelitis

Major findings:
Of operations _____

Of autopsy 1/21

22. If death was due to external causes, fill in the following: no
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. W. Clark (M. D. or other) MD

Address 860 Hamilton Date signed 4-5-40

St. Louis, Mo.

Duration

3-24-40

year

4-3-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Clarence H. Murray

Licensed Embalmer No.

4011

P. O. Address

St. Louis, Mo.

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.