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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16944

FILED JUN 15 1940 791

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 4422

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(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 6 Days
In this community 1 YEAR
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limit, write "RURAL")
(d) Street No. 5944 EMMA
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

8. (a) PRINT FULL NAME George Armistead 152

8. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife SARAH 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased APRIL 19 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 28
If less than one day hr. min.

9. Birthplace LESLIE MO D
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business _____

12. Name LEO ARMISTEAD

18. Birthplace LESLIE MO
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs E. J. Bushor

(b) Address 5944 Emma Ave

17. (a) BURIAL (b) Date thereof 5/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LESLIE MO

18. (a) Signature of funeral director Bullen & Kelly

(b) Address 7267 Natl. Bridge

19. (a) MAY 18 1940 (b) J. F. Thidick
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17,
year 1940 hour 8:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 12, 1940, to May 17, 1940;
that I last saw him alive on May 17, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Duration years

Due to Hypertensive Heart Disease

Due to MI

Other conditions Senile Psychosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

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

23. Signature Walter Ford (M. D. or other) _____

Address 1515 Lafayette Date signed 5/18/40

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 *Clement McNeuf*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.