

JUN 15 1940
Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One week
In this community 20 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Silas Armstead 652

3. (b) If veteran, name war ---- 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maggie Armstead 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Unavailable Abt. 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 38 hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business For self--Taxi

MOTHER FATHER { 12. Name Sam Armstead

18. Birthplace Lake Providence Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Adams

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

16. (a) Informant's own signature Maggie Armstead

(b) Address 1019 N. Leonard Ave.

17. (a) Burial (b) Date thereof 5/31/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles Baker
(b) Address 4107 Finney Ave.

19. (a) MAY 28 1940 (b) J. P. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1019 N. Leonard
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th
year 1940 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from May 17th
1940 to May 27th 1940
that I last saw him alive on May 27th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage 2Wks

Due to: J.P. Bredek

Due to: _____
Other conditions: Hypertension 1 Yr.
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: None
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 J. P. Bredek (M. D. or other)
Address 2037a Franklin Ave. Date signed 5/28/40

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. WATER-PROOF PAPER—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD I X19311

STATEMENT BY LICENSED EMBALMER

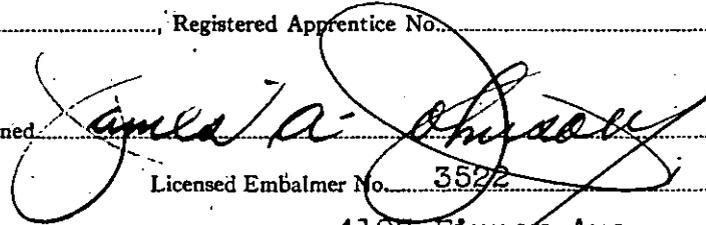
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.