

DEC 22 1941 **791**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County **St Louis, Mo**
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES 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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Coles**
(c) City or town **Mattoon**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Grant Armstrong**

3. (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 **Ada** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb. 13 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 2 hr. min.

9. Birthplace **Shelbyville Ind Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Blacksmith**

11. Industry or business _____

MOTHER FATHER
12. Name **George Armstrong**
13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Martha Jane Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Harold McCoy**
(b) Address **Mattoon, Ill.**

17. (a) **Removal** (b) Date thereof **11-21-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mattoon, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **NOV 21 1941** (b) **J. F. Bredich**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **20**
year **1941** hour **6:30** minute **A** M.

21. I hereby certify that I attended the deceased from **Nov 7**
19 41 to **Nov 20**, 19 **41**,
that I last saw him alive on **Nov 20**, 19 **41**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Infarct left lower lobe**

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **Pulmonary Infarct left lower lobe**

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 **J. F. Bredich** (M. D. or other) _____
Address **BARNES HOSPITAL** Date signed _____

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

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19
9

0
11
1941

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 Gay W. Wilkinson
Licensed Embalmer No. 3575
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, fact should be so stated above.

SCHILLING'S FUNERAL HOME

ALL PHONES 114



MATTOON, ILLINOIS

November 29, 1941

#9251

I hereby certify that I am the informant on Death Certificate of Grant Armstrong whose death occurred in Barnes Hospital, City of St. Louis, on November ^{20th} ~~6~~, 1941.

I further hereby certify that the deceased Grant Armstrong was born in Shelbyville, Indiana, on February 13, 1869.

I hereby further certify that I am daughter of the deceased and that the above information is. Signed Miss Harold McCoy
obtained from the family records.

Signed and sealed before me
this 29th day of November 1941.

Regina M. Dennis

Notary Public

MASTER-IN-CHANCERY

1941
S-37021

