

FILED APR 17 1942  
Registration District No. **791**

Primary Registration District No. **1003**

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

**1. 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:  
3919 Flad Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 17.000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3919 Flad Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Armbruster

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

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

6. (b) Name of husband or wife George Armbruster 6. (c) Age of husband or wife if alive about 74 years

7. Birth date of deceased Jan. 19th 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>12</u>	hr. _____ min.

9. Birthplace Steelville Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Murray

13. Birthplace Steelville Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Brickey

15. Birthplace Steelville Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Dietz

(b) Address 3919 Flad Ave.

17. (a) Burial (b) Date thereof 4-4-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshamer Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 2 1942 (b) J. F. Beedeck  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 31st  
year 1942 hour 6:55 minute \_\_\_\_\_ P.M. M.

21. I hereby certify that I attended the deceased from March 26 1942 to March 31 1942  
that I last saw her alive on March 31 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardio-Vascular-Renal Disease  
Duration 3-4 yrs.

Due to usual

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

**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 Lon C. Hyle (M. D. or other)

Address 1504 So. Grand Blvd. Date signed 4/2/42

Dr. Leon Halle  
Grand & Park Ave.

Dr. 2828  
2:30 to 4:30

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**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.....

*Edwin M. Permitt*  
3024

**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.**