

FILED DEC 2 1942
518

Primary Registration District No. **1003**

Registration District No.

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:
5100 Washington Blvd., 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community **Lifetime**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5100 Washington Blvd.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Minnie A. Armstrong**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

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

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

7. Birth date of deceased **September** **Unknown**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 79hr.min.

9. Birthplace **St. Louis** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Husband's business **Sidney Algernon Bantz**

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

14. Maiden name **Isabella Porter**

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

16. (a) Informant **Mrs. C. Dele O. Campbell**
(b) Address **5100 Washington Blvd.**

17. (a) **Burial** (b) Date thereof **12 16 42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bellefontaine**

18. (a) Signature of funeral director **Wagoner Und. Co**
(b) Address **3621 Olive St.**

19. (a) **DEC 14 1942** **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec 14** day.....
year **1942** hour **10** minute **a** M.

21. I hereby certify that I attended the deceased on **Sept 18**, 19**42** to **December 12**, 19**42**
that I last saw him alive on **December 12**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of uterus** Duration **4 months**

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: **Cancer of uterus**
Of operations.....
Of autopsy.....
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?

(Specify type of place) While at work? (e) Means of injury.....
23. Signature **Samuel B Grant** (M. D. or other) **O.M.D.**
Address **114 N. Taylor Ave** Date signed **12/14/42**

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

MOTHER FATHER

None
None

000
12/17
9

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 *Neville B. Krolwetter*

Licensed Embalmer No. *3696*

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, fact should be so stated above.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
City of St. Louis } ss.

State File No.....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 10435

On this March -8- day of March -8-, 1943, before me appears.....

Mrs. Adele A. Campbell, who, upon her oath, states that the original record of ~~birth~~ death for Mrs. Minnie Armstrong ~~born~~ ^{died} December 14, 1942, in the State of Missouri, and which was filed at St. Louis on December 14, 1943, should be corrected as follows:

Item No. 3-A should read Mrs. Minnie Armstrong

Instead of Minnie F. Armstrong

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Mrs. Adele A. Campbell

Daughter
Relationship.

5100 Washington Boulevard
Present Address.

Subscribed and sworn to before me this 8 day of March, 1943.

My Commission expires January 30 1946 L. E. Matton Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5-3843P