V. S. No. 2
0M—5-42
ev. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12877

FILED APR 23 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3399

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 1 day (Specify whether years, months or days)

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town So. Kinloch Park,
(If outside city or town limits, write "RURAL")

(d) Street No. So. Kinloch Park,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Armstead Thomas

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

6. (a) Single, married, widowed, divorced Married

6. (b) Name of husband or wife Clara Armstead

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

7. Birth date of deceased May 15, 1888 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	10	23	hr. min.

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

10. Usual occupation Unknown

11. Industry or business

FATHER 12. Name Charles Thomas

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

MOTHER 14. Maiden name Mary Ann Claxton

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

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier St.

17. (a) (Burial, cremation, or removal) (b) Date thereof 4 12 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Hook Park

18. (a) Signature of funeral director Good Funeral

(b) Address 3704 Finney

19. (a) APR 11 1943 (Date received local registrar) (b) J. F. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7, year 1943 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 6, 1943, to April 7, 1943; that I last saw him alive on April 7, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	Unk.
Due to	
Due to	
Other conditions Senile Psychosis (Include pregnancy within 3 months of death)	Unk.

Major findings:
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 Alva Moore (M. D. or other)

Address 2601 Whittier Date signed 4/9/43

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(Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Av

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.