

3. No. 2
A-5-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1943

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39465
State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10721**

1. PLACE OF DEATH:
(a) County
(b) City or town **Saint Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4224 W. Cook Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **30 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **---**
(c) City or town **Saint Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4224 W. Cook Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **---**

3. (a) PRINT FULL NAME **Jerry Armstead**
(b) If veteran, name war **No** (c) Social Security No. **None**
4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Patsy Armstead** 6. (c) Age of husband or wife if alive **Dec'd years**
7. Birth date of deceased **Unavailable** **Abt. 1866**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **4th**
year **1943** hour **11** minute **00** A.M.
21. I hereby certify that I attended the deceased from **Dec. 3, 43**
to **Dec. 4, 1943**
that I last saw him **alive** on **Dec. 4, 1943**
and that death occurred on the date and hour stated above.

8. AGE: Years **About 77** Months **--** Days **--** If less than one day hr. min.
9. Birthplace **Florence Alabama** (City, town, or county) (State or foreign country)
10. Usual occupation **Janitor**
11. Industry or business **---**
12. Name **Unavailable**
13. Birthplace **Unavailable** (City, town, or county) (State or foreign country) **9**
14. Maiden name **Unavailable**
15. Birthplace **Unavailable** (City, town, or county) (State or foreign country) **9**
16. (a) Informant **McElroy Armstead**
(b) Address **4224 W. Cook Ave.**
17. (a) **Burial** (b) Date thereof **12-8-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenwood Cemetery**
18. (a) Signature of funeral director **Chas. J. Gates**
(b) Address **4107 Finney Ave.**
19. (a) **DEC 6 1943** (b) **J. J. Budick**
(Date received local registrar) (Registrar's signature)

Immediate cause of death
Tumor of liver (Cancer) about 20 yrs
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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?
While at work? (Specify type of place) (e) Manner of injury
23. Signature **Dr. J. J. Budick** (M, D, or other) **12-6-43**
Address **# 4 So. Compton** Date signed

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

MOTHER FATHER

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.....

Robert Lee Cummings....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert L. Cummings

Licensed Embalmer No. 4363.....

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, fact should be so stated above.