

FILED FEB 18 1944 13

Registration District No.

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
(c) Name of hospital or institution: St. Marys Infirmary
(d) Length of stay: In hospital or institution. lifetime
In this community lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
(c) City or town St. Louis
(d) Street No. 3305 Hickory
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Gus Armistead

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased 2-26-1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 6 If less than one day hr. min.

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

10. Usual occupation Hoc carrier

11. Industry or business

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown

16. (a) Informant Beatrice Armistead

(b) Address 3305 Hickory St

17. (a) Burial (b) Date thereof 2-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J. H. Harrison

(b) Address 2906 Hawthorn

19. (a) FFR (b) J. F. Bredeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2nd year 1944 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from January 25 1944 to Feb 2 1944
that I last saw him alive on Feb. 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration 6 mo.

Due to H67

Other conditions Arteriosclerosis, genl.
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: —
Of operations —
Of autopsy yes. Carcinoma of liver
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 0

23. Signature J. R. Williams (M. D. or other) M.D.
Address 1536 Capin St. Date signed 2/7/44

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. *4361*

P. O. Address *St. Louis Mo*

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.