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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16122

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 4618

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:
3525A Connecticut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Two Years
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. 3525 A Connecticut
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Albert Guy Armstrong

3. (b) If veteran, name war

3. (c) Social Security No. 164-16-5341

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Corine Armstrong

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased December (Month) 17 (Day) 1872 (Year)

8. AGE: Years 61 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Cape Girardeau Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Inspector

11. Industry or business

FATHER
12. Name Albert Armstrong
13. Birthplace Oriole (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Nan Young
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Lillian Heggie
(b) Address 3525A Connecticut

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month), (Day) (Year)
(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director Haman Funeral Home
(b) Address 107 So. Spring Av. Cape Girardeau Mo

19. (a) MAY 19 1944 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1944 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Coronary Sclerosis	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas F. Palmer (M. D. or other)
Address Deputy Coroner Date signed 5-19-44

(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 John Dean Harris, Registered Apprentice No. 363, working under my personal supervision.

Signed: Howard D. Rawlins

Licensed Embalmer No. 3114

P. O. Address St Louis M

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.