

FILED DEC 9 1944
Registration District No. 318

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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute to City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 3 (Specify whether
In this community..... 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. 4728 St. Louis
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas Clayton Armstrong

3. (b) If veteran, name war. Nil

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... Bertha Armstrong 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased. October 18 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

32 1 6 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Broderick-Bascom Rope Co

12. Name Thomas M. Armstrong

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

14. Maiden name Alice Jones

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

16. (a) Informant Mrs. Armstrong

(b) Address 4728 St. Louis Ave.

17. (a) Burial (b) Date thereof 12-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 29 1944 (Date received local registrar)
J. F. Budack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 24
year 1944 hour 5 minute 30 P.M.

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

Immediate cause of death illuminating gas Duration
Person when he was found seated
in a chimney of a gas range
Due to gas from a man's coat
over his head while suffering
from temporary mental liberation

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 162 H-1

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) suicide

(b) Date of occurrence Nov 24, 1944

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work?..... (Specify type of place)
(e) Means of injury as above

23. Signature Patrick E. Jurgens (M. D. or other)
Address Dep. Cor 3 Date signed 11/29/44

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.....

J. W. Wilkinson

Licensed Embalmer No.....

3578

P. O. Address.....

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.