S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 1 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14807
Registrar's No. 4121

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: St. Anthonys
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 9618 Perrin
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Allen J Armbruster
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. 5 1947 (Month) (Day) (Year)

8. AGE: Years | Months 1 | Days 13 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Warren Armbruster
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Velma Derickson
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Warren Armbruster
(b) Address 9618 Perrin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 21 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive
18. (a) Signature of funeral director Fendler Und. Co
(b) Address 7420 Michigan
19. (a) APR 21 1947 (Date received by registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 18 year 1947 hour seven minute 35 a.m.
21. I hereby certify that I attended the deceased from 4-8, 1947, to 4-18, 1947; that I last saw him alive on 4-17, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Infantile diarrhea	14 days
Due to: Cause unknown	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hepatitis acute	3 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 George N. Brewer (M. D. or other)
Address Mo. Theatre Bldg. Date signed 4-18-47

Jefferson City Printing Co.
(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 Olive E. Lemeller

Licensed Embalmer No. 4148

P. O. Address St. Louis

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.