

Registration District No. 1603

Primary Registration District No. 3031

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town DeSoto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
501 s. Third
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 1 Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1347 McCutcheon Ave.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JENNIE HANNAH ARMBRUSTER

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Jacob Armbruster 6. (c) Age of husband or wife if alive, deceased years

7. Birth date of deceased Dec. 1 - 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 3 21
hr. min.

9. Birthplace Waterburg Conn.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name George A. Neck

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

14. Maiden name Jane S. Knapp

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

16. (a) Informant Miss Jessie Armbruster

(b) Address 1347 McCutcheon - Richmond Heights

17. (a) Burial (b) Date thereof March 25-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation J. Lee Kothershead DeSoto, Mo.

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4/2/48 (b) Marie Harris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 3/25 to 3/23 1948
that I last saw her alive on 3/22 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 11 da
Diabetes mellitus ?

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) Means of injury _____

23. Signature Charles J. Hill (M. D. or other) _____

Address De Soto, Mo Date signed 3/25-1948

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

MOTHER FATHER

JAN 5 1948

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 12 1948

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. Lee Mothershead*

Licensed Embalmer No. *3531*

P. O. Address *Desoto - 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.