No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33814

FILED OCT 29 1948
Registration District No. 578

Primary Registration District No. 3058

Registrar's No. 207

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

1. PLACE OF DEATH:
(a) County ST. CHARLES
(b) City or town ST. CHARLES
(If outside city or town limits, write "RURAL" and name of township) 0
(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96
(a) State MO. (b) County 0
(c) City or town KIRKWOOD (If outside city or town limits, write "RURAL") 0
(d) Street No. RT. 5 BOX 185 (If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LESTER C. ARMSTRONG (CLARENCE L.)
3. (b) If veteran, name war NONE
3. (c) Social Security No. 488-07-1409

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARGARET
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased JUNE (Month) 13 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
63	4	4	hr. min.

9. Birthplace CEDAR RAPIDS (City, town, or county) IOWA (State or foreign country) 1
10. Usual occupation ELECTRICIAN
11. Industry or business FOR SELF
FATHER
12. Name GEORGE ARMSTRONG
13. Birthplace (City, town, or county) OHIO (State or foreign country) 1
MOTHER
14. Maiden name MARTHA PATTON
15. Birthplace (City, town, or county) IOWA (State or foreign country) 1
16. (a) Informant MARGARET ARMSTRONG
(b) Address RT. 5 BOX 185 KIRKWOOD, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET BURIAL PARK
18. (a) Signature of funeral director KRIEGSHAUSER UND.
(b) Address 4448 S. KINGSHIGHWAY
19. (a) 10/22/48 (Date received local registrar) (b) Jannie Hamilton (Registrar's signature) 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 17 year 1948 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from Jan, 1948 to OCT. 17, 1948 that I last saw him alive on OCT. 16, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma pancreas	3 mo.
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 0

23. Signature E. J. Curtis (M. D. or other) M.D.
Address St. Charles, Mo. Date signed 10/17/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed OCT 28 1948

OCT 30 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 Richard W. Stoessand

Licensed Embalmer No. 4007

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.