

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

20054

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **5119** Dresden St. **5193**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Willis Armstrong** **652**

(a) Residence, No. **5119 Dresden** St. **2**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>M</b>	4. COLOR OR RACE <b>W</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Agnes</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept 19th 1880</b>		
7. AGE YEARS <b>57</b>	MONTHS <b>8</b>	DAYS <b>15</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <b>Shoemaker</b>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <b>Adams County</b> (STATE OR COUNTRY) <b>Ohio</b>		
13. NAME <b>Caleb Armstrong</b>		
14. BIRTHPLACE (CITY OR TOWN) <b>Ohio</b> (STATE OR COUNTRY)		
15. MAIDEN NAME <b>Sarah Elliot</b>		
16. BIRTHPLACE (CITY OR TOWN) <b>Ohio</b> (STATE OR COUNTRY)		
17. INFORMANT <b>Agnes Armstrong</b> (ADDRESS) <b>5119 Dresden</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>N. St. Marcus Cem</b> DATE <b>6/7/38</b>		
19. FUNERAL DIRECTOR <b>J. L. Ziegenhein &amp; Sons</b> (ADDRESS) <b>7027 Gravois Ave</b>		
20. FILED <b>JUN 6 1938</b> <b>J. D. Rieder</b> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-4-38**, 19

22. I HEREBY CERTIFY, that I attended deceased from **March 15** 19**38**, to **June 4** 19**38**.  
 I last saw him alive on **June 4th** 19**38**. Death is said to have occurred on the date stated above, at **9:05 P. M**  
 The principal cause of death and related causes of importance were as follows:  
**Astroid Schistos** Date of onset **Sept 37**  
**97**  
 Other contributory causes of importance:  
**Poll Encephalitis Aug 37**

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify.....  
 (Signed) **Harold S. Phelps** M.D.  
 (Address) **4724 Gravois Ave**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE PENDING, WITH UNPAID INK—THIS IS A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
\_\_\_\_\_  
L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Clarence P. Kidwell  
Licensed Embalmer No. 3877

**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.)**