

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JUN 20 1939

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

23194  
Do not use this space.

1. PLACE OF DEATH  
(a) County St. Louis Registration District No. 784  
(b) Township Clayton Primary Registration District No. 101  
(c) City Clayton (d) Street No. St. Louis County Hosp Registered No. 1092  
(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.  
652  
2. PRINT FULL NAME William H. Armstrong  
(a) Residence, No. 7925 Caroline St.  MAPLEWOOD MO.  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Armstrong  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1856  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
82 10 9  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Whitening & plastering  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 12 years ago 11. Total time (years) spent in this occupation.  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.  
FATHER 13. NAME James Armatrone  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England  
MOTHER 15. MAIDEN NAME Isabelle Spence  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England  
17. INFORMANT Mrs. Minnie Armstrong (wife)  
(ADDRESS) 7925 Caroline  
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE June 21, 39  
19. FUNERAL DIRECTOR Croghan  
(ADDRESS) 7146 Manchester Ave.  
20. FILED JUN 20 1939 J. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1939  
22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 6 a.m.  
The principal cause of death and related causes of importance were as follows:  
Struck by an automobile while a pedestrian on a public highway. Date of onset 6/3/39  
Other contributory causes of importance: Fracture of ulna, Subarachnoid hemorrhage Date of onset 6/3/39  
Name of operation..... Date of.....  
What test confirmed diagnosis? autopsy Was there an autopsy? YES  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? accident Date of injury 6/3/39  
Where did injury occur? Maplewood Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public place  
Manner of injury struck by auto  
Nature of injury multiple fractures  
24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify.....  
(Signed) John O. Conner M. D.  
Coroner of St. Louis County, Mo.

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.

---

---

STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision,

Signed

*J.A. Williamson*

Licensed Embalmer No. *3565*

**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.)**