

SEP 14 1939

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

1003

- (a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 Days
 (Specify whether
 In this community Edward Armstrong (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Edward B. Armstrong3. (b) If veteran, name war no 3. (c) Social Security No. 493-07-22684. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Jennie 6. (c) Age of husband or wife if alive 58 years7. Birth date of deceased Aug. 6, 1878
(Month) (Day) (Year)8. AGE: Years 61 Months 0 Days 7 If less than one day
hr. _____ min.9. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)10. Usual occupation Bookkeeper11. Industry or business Hotel12. Name Frank H. Armstrong13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Sadie Biddle15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Edward B. Armstrong(b) Address 4160a Botanical Ave17. (a) Removal (b) Date thereof 8/16/39
(Burial, cremation, or removal) (Month) (Day) (Year)Valhalla Cem Belleville, Ill.
(Place of burial or cremation)18. (a) Signature of funeral director E. W. McLaughlin(b) Address 2301 Lafayette Ave19. (a) AUG 15, 1939 (Date received local registrar)J. F. Braddock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State of Missouri (b) County _____
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4160a Botanical Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13,
year 1939 hour 10:10 minute _____ P. _____ M.21. I hereby certify that I attended the deceased from July
1, 1939 to August 13, 1939
that I last saw him alive on August 13, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Carcinoma of Rectum

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: FRANC
Of operations _____

Of autopsy _____

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 In. A. Casberg (M. D. or other)Address City Hospital Date signed 8/14/39

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.....

L. R. Cooper

Licensed Embalmer No. *2633*

P. O. Address *2317 Lakeland*

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, above space should be left blank.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Registration District No. 791
 Township St Louis Primary Registration District No. 1003
 City St Louis (No. St. Ward)

File No. 275-83
 Registered No. 7083

2. FULL NAME

Edward (Armstrong) ARMSTRONG
 (a) Residence, No. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 0 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME Frank H. Armstrong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Jennie Armstrong
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 10/2/39 J. B. Rudebeck
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

SUPPLEMENTARY

Name of operation Date of.....

Was test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) M. A. Casberg, M. D.

(Address) City Hosp.

ROWENA MOORE
 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1939

S-27583