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S. No. 2  
-11-10-39  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17163

Registration District No. **791**

Primary Registration District No. **1003**

State File No. \_\_\_\_\_

Registrar's No. **4641**

**1. PLACE OF DEATH:**

(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, #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Alice Armstrong **152**

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert J. Armstrong

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 1st 1860  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
79	5	24	hr. _____ min.

9. Birthplace Audrain Co., Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

**MOTHER - FATHER**

12. Name John Bybee

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

14. Maiden name Annie Hepler

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

16. (a) Informant Mrs. Annie Smith

(b) Address 3235 Lafayette

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof 5-28-40  
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar, Blvd

19. (a) MAY 27 1940 (Date received local registrar)

(b) John Bybee (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis,  
(If outside city or town limits write "RURAL")

(d) Street No. 3235 Lafayette  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 25, 1940  
year 1940 hour 9:33 minute P.

21. I hereby certify that I attended the deceased from May 11, 1940, to May 25, 1940;  
that I last saw her alive on May 25, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia & Love  
toxic type I

Due to \_\_\_\_\_

Due to infectivity

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of autopsy none

**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? \_\_\_\_\_

23. While at work? \_\_\_\_\_  
(Specify type of place) (a) Means of injury

23. Signature John Bybee

Address 1515 Lafayette Date signed 5/27/40

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

**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.....

*Don K. Muschiano*....., Registered Apprentice No. *219*  
working under my personal supervision.

Signed *Clarence H. Murray*.....

Licensed Embalmer No. *4011*

P. O. Address *St Louis 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, above space should be left blank.**