

110 FEB 25 1941
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6634a Colorado Ave.
(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

3. (a) PRINT FULL NAME Louise Armbruster

8. (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 Married

6. (b) Name of husband or wife Charles Armbruster 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May 31, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>7</u>	<u>3</u>	hr. _____ min.

9. Birthplace Ill. (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name John Dierheimer

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

14. Maiden name Mary Barkel

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

16. (a) Informant Charles Armbruster

(b) Address 6634a Colorado Ave

17. (a) Burial (b) Date thereof 1-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Paul Cem

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 Grand Blvd.

19. (a) JAN 5 1941 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DCO

(c) City or town St. Louis (If outside city or town limit, write "RURAL") 17

(d) Street No. 6634a Colorado Ave. (If rural, give location) 91

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 3 - 1941
year _____ hour 4.55 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1939
Jan 3 to Jan 3, 1941
that I last saw him alive on Jan 3, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchopneumonia Duration 4da

Chronic Myocarditis 6mo

Pneumonia Acute Bacterial 6yrs

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? _____

(Specify type of place) _____ While at work? (e) Means of injury _____

23. Signature Robert A. Mulach (M. D. or other) 0

Address 7405 Mich. Av. Date signed 1/4/41

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

Dr. Murbach
7405 Michigan Ave. PM
Rt. 4405 1203 SAT

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 Virgil D. Berryman
Licensed Embalmer No. 4018
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.