No. 2
4-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 495

Registration District No. FEB 25 1941

Primary Registration District No. 1003

Registrar's No. 495

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexion Bros. Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hrs. (Specify whether
In this community 5 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Lemay, Mo. NRSO
(If outside city or town limits, write "RURAL")

(d) Street No. 834 Lemay Ferry Rd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles O. Armbruster

3. (b) If veteran, name war NONE

3. (c) Social Security No. 489-10-3090

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased May (Month) 2 (Day) 1898 (Year)

8. AGE: Years 42 | Months 8 | Days 13 | If less than one day ___ hr. ___ min.

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

10. Usual occupation laborer

11. Industry or business Mid West Piping Supply

FATHER
12. Name Peter Armbruster
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Alvina Otto
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Minnie Armbruster
(b) Address 834 Lemay Ferry Rd.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 17-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave. 644

19. (a) JAN 17 1941 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1941 hour 12:15 minute a M.

21. I hereby certify that I attended the deceased from Jan 9, 1941, 19__, to Jan 15, 1941; that I last saw him alive on Jan 13, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death B. Lateral Lobar Pneumonia	48 hrs
Due to	
Due to	
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 J. G. White (M. D. or other) DO
Address 25 Lemay Ferry Rd. Date signed 1-15-41

(Licensed Embalmer's Statement on Reverse Side)

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 Oliver E. Fendler

Licensed Embalmer No. 4148

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, fact should be so stated above.