

031
13-40
17-39
X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4873

State File No.

1121

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

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: St. Louis City Hospital #1 **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community Unknown
years, months or days)

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. 4925 Harney Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

000
17
79

3. (a) PRINT FULL NAME James W. Armstrong

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Bertha Armstrong 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 23, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 4 8 hr. _____ min.

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

10. Usual occupation Unknown

11. Industry or business _____

MOTHER FATHER { 12. Name James W Armstrong
13. Birthplace Va. 1
(City, town, or county) (State or foreign country)
14. Maiden name Amy Bergee
15. Birthplace Va. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond A Armstrong
(b) Address 4925 Harney Ave

17. (a) Burial (b) Date thereof 2/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) FEB 3 1941 (b) J. W. Berdeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31,
year 1941 hour 1:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from January 28, 1941 to January 31, 1941;
that I last saw him alive on January 31, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Polar Pneumonia Type III Pneumococcus
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 100

Major findings: Of operations none
Of autopsy as above

Duration
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? _____

While at work? (Specify type of place) _____ (e) Means of injury 0

23. Signature J. W. Berdeck (M. D. or other) _____
Address 1515 Lafayette Ave. Date signed 1/31/41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *William H. Buchko*

Licensed Embalmer No. *2110*

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.