

Registration District No. 1291

Primary Registration District No. 1003

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:
CITY HOSPITAL #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether
In this community 24 years
years, months or days)

3. (a) PRINT FULL NAME LUCY ARMSTRONG

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 married

6. (b) Name of husband or wife Chester 6. (c) Age of husband or wife in years 41

7. Birth date of deceased April 13, 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 0 1 hr. min.

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

10. Usual occupation house-wife
at home

11. Industry or business _____

12. Name Samuel Strickland
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Clara Butterfield
(City, town, or county) (State or foreign country)
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Montgomery

(b) Address 607 Ann Avenue

17. (a) Burial (b) Date thereof April 16, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director a. w. m. Laughlin

(b) Address 2301 Lafayette Avenue

19. (a) APR 15 1942 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State _____ (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2438a South Third Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1942 hour 9:10 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Generalized Peritonitis
following ruptures tubas
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature W. J. Perry (M. D. or other) _____
Address _____ Date signed 4/15/42

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

MOTHER FATHER

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.P. Craper*

Licensed Embalmer No. *9633*

P. O. Address *2317 Lafayette*

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.