

FILED JUN 20 1943

Registration District No. 314

Primary Registration District No. 1003

Registrar's No. 5600

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:
2921^a RUTGER ST 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 2921^a RUTGER ST (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JULIA ARMSTRONG

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex F
5. Color or Race C
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife W.M. ARMSTRONG
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 1 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 17
If less than one day hr. _____ min. _____

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

10. Usual occupation DOMESTIC

11. Industry or business _____
12. Name HENRY CLAY
13. Birthplace UNKNOWN (State or foreign country)
14. Maiden name ANNA
15. Birthplace UNKNOWN (State or foreign country)

16. (a) Informant Bessie T. Mambell
(b) Address 2921^a Rutger St.
17. (a) ~~Informant~~ (b) Date thereof 6/18/43
(City, town, or county) (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen, Ala

18. (a) Signature of funeral director A. F. (Baby) Walton
(b) Address 2707 Stoddard St
19. (a) JUN 19 1943 (Date received local Registrar)
J. T. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 17th
year 1943 hour 12 minute P. M.
21. I hereby certify that I attended the deceased from 2
10 1943, to 6.17 1943
that I last saw her alive on 17th of June 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____

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 _____
23. Signature W. C. Briles (M. D. or other) _____
Address 941 N. Park St. Date signed 6/18/43

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

James A. Shusser

Licensed Embalmer No.

3522

P. O. Address.....

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.