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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31519

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8158

1. PLACE OF DEATH:

(a) County ST. LOUIS

(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: PARK LANE HOSPITAL A
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County FRANKLIN

(c) City or town SULLIVAN
(If outside city or town limits, write "RURAL")

(d) Street No. RR 2 N R
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME GEORGE WASHINGTON ARMISTEAD

3. (b) If veteran, name war — NONE

3. (c) Social Security No. —

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife MARY ELLEN ARMISTEAD

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased JUNE (Month) 20 (Day) 1881 (Year)

8. AGE: Years 65 | Months 3 | Days 29 | If less than one day ___ hr. ___ min.

9. Birthplace SPRING BLUFF MO. (City, town, or county) MO (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

FATHER
12. Name THOMAS J. ARMISTEAD
13. Birthplace — (City, town, or county) TENN. (State or foreign country)

MOTHER
14. Maiden name SARAH J. BANDY
15. Birthplace FRANKLIN CO. (City, town, or county) MO. (State or foreign country)

16. (a) Informant SYLVESTER MONROE ARMISTEAD

(b) Address SULLIVAN, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 22 - 46 (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan Mo EVERGREEN CEM.

18. (a) Signature of funeral director J. T. Williams

(b) Address Box 111 Sullivan Mo.

19. (a) SEP 23 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 19 year 46 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 14, 1946 to Sept 19, 1946; that I last saw him alive on 9-19-46, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration ?

Rt. Strangulated Inguinal Hernia

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 [signature] (M. D. or other) M.D.

Address 4930 Lindell Blvd Date signed 9/21/46

(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.....John Ketter.....

Licensed Embalmer No.....3880.....

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.