

State File No.

Registrar's No.

FILED FEB 24 1947

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
1709 Goode Ave 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 20-YRS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 630

(c) City or town St. Louis 11/17
(If outside city or town limits, write "RURAL")

(d) Street No. 1709 Goode Ave 9
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Herman Armour

3. (b) If veteran, name war _____

3. (c) Social Security No. 491-18-9649

4. Sex male 5. Color or race negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 29-1901
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7th year 1947 hour 1 minute 30 A.M.

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

Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>0</u>	<u>8</u>	_____ hr. _____ min.

Duration _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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

10. Usual occupation Cab Driver

11. Industry or business _____

12. Name Dave Armour

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Irma Armour

(b) Address 1709 Goode Ave

17. (a) Burial, cremation, or removal Burial (b) Date thereof 2-12-47
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director W. H. Bros

(b) Address 3644 Family Ave

19. (a) FEB 10 1947
(Date received local registrar)

(b) J. F. Brodeur
(Registrar's signature)

White at work? _____

(Specify type of place)

Means of injury _____

23. Signature Dr. E. J. Taylor (M. D. or other) _____

Address _____ Date signed 2/8/47

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 Louis V. Atkins
Licensed Embalmer No. 2842
P. O. Address 3644 Finney Av

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.