

S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22904

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1216

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
9731 Lackland Rd. /
(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 St. Louis
 (c) City or town Overland
(If outside city or town limits, write "RURAL")
 (d) Street No. 9731 Lackland Rd.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles Edward Armstrong
 3. (b) If veteran, name war None
 3. (c) Social Security No. 490-01-1919

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month June day 16
 year 1947 hour 12 Noon minute _____ M.

4. Sex Male Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Olive
 6. (c) Age of husband or wife if alive 43 years
 7. Birth date of deceased July 23 1902
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 7 1946 to June 16 1947
 that I last saw him alive on June 13 1947
 and that death occurred on the date and hour stated above.

8. **AGE:** Years 45 Months 10 Days 23
 If less than one day _____ hr. _____ min.

Immediate cause of death _____
Chronic degenerative myocarditis
Hypertension
Chronic nephritis
Chronic glomerulonephritis
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Art-craft V. Blind

Major findings: 131
 Of operations _____
 Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Charles E. Armstrong
 13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Marshall
 15. Birthplace St. Louis Missouri
(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 Mrs. Charles E. Armstrong
 (b) Address 9731 Lackland Rd.
 17. (a) Burial (b) Date thereof: 6/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine

While at work? _____
(Specify type of place)
 (c) Means of injury _____
 23. Signature J. R. Ferguson (M. D. or other)
 Address 539 N. Grand Blvd Date signed 6-17-47

18. (a) Signature of funeral director Provant The Co.
 (b) Address 3710 N. Grand Blvd
 19. (a) 6-18-47 (b) Paul G. Sharp
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

96
 13
 1

Dr. Frank
Hume, Sr.
539 N. Howard

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..... *W. E. Morris*

Licensed Embalmer No. 3360

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.