

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15068

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 1024

1. PLACE OF DEATH
a. COUNTY St. Louis,
b. CITY (If outside corporate limits, write RURAL and give township) Overland,
c. LENGTH OF STAY (If in place) 10 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lackland Nursing Home, #9561 Lackland Road.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri.
b. COUNTY _____
c. CITY OR TOWN St. Louis,
d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) #1418 North 8th Street, 22570

3. NAME OF DECEASED (Type or Print)
a. (First) BYRON
b. (Middle) L.
c. (Last) ARMSTRONG.
4. DATE OF DEATH (Month) (Day) (Year) April 19, 1956.

5. SEX Male.
6. COLOR OR RACE White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced.
8. DATE OF BIRTH June 14, 1891.
9. AGE (In years) (last birthday) 64.
IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 1 YEAR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired.. Radio Repairman - Radio Shop
10b. KIND OF BUSINESS OR INDUSTRY Radio Shop
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Herbert Armstrong.
13b. MOTHER'S MAIDEN NAME Caroline Smith.
14. NAME OF HUSBAND OR WIFE Jessie Armstrong.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.
16. SOCIAL SECURITY NO. UNK
17. INFORMANT'S SIGNATURE OR NAME Mrs George Bishop. ADDRESS #7520 Wydown Blv'd.,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension
ANTECEDENT CAUSES (b) Acute Pericarditis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)
19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION 4010

INTERVAL BETWEEN ONSET AND DEATH
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4010 4343

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Aug 1, 1955, to April 19, 1956, that I last saw the deceased alive on April 18, 1956, and that death occurred at 11:10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.A. Schumacher M.D.
23b. ADDRESS 8863 Patton Ave
23c. DATE SIGNED MAY 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.
24b. DATE April 23, 1956.
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
24d. LOCATION (City, town, or county) (State) #7600 St. Charles Rock Road.

DATE REC'D BY LOCAL REG. 4-20-56
REGISTRAR'S SIGNATURE Herbert R. Dombey
25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons, ADDRESS #7233 Delmar Blv'd.,

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

300
48

W.A.: 7-1350.
New - 2-4. P.M.

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence H. Mur*.....

Licensed Embalmer No. *401*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.