

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

14518

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
Township Central Primary Registration District No. 4470
City University (No. 6715, Vernon Pl.) St. _____ Ward _____

File No. _____
Registered No. 50

2. FULL NAME

Emma L. Jarvis
(a) Residence, No. 6715 Vernon Pl. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Jarvis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10-1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>56.</u>	<u>0.</u>	<u>20.</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St James Mo.

13. NAME Edmond Spurgin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME Ellen Gorman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St James Mo

17. INFORMANT Frank Jarvis (ADDRESS) 6715 Vernon Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wesleyan DATE May 2 1933

19. UNDERTAKER Ambuster and Co. (ADDRESS) 4234 Manchester Ave.

20. FILED May 1 1933 Lena V. Moore Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30-1933

22. I HEREBY CERTIFY, That I attended deceased from 1932 1932, to ap 30 1933
I last saw him alive on Apr 29 1933 Death is said to have occurred on the date stated above, at 330 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiovascular Renal disease
Myocardial Chronic
Septic Blood Pressure
Other contributory causes of importance:
Arterio Sclerosis
Nephro Sclerosis

Name of operation none Date of _____
What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19 _____
Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Chas. Miller, M. D.
(Address) 1035 Mission Blvd

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 24 1933

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