

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

Do not use this space.

MAY 25 1934

14843

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 4034 Phillips) St. _____ Ward)

File No. _____
 Registered No. 4037

2. FULL NAME

Theresa Davis (Divis)

(a) Residence, No. 4034 Phillips St., 16 Ward.

(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 John Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3, 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
39 5 14

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

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

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. Louis Mo.

FATHER 13. NAME Frank Marik

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

MOTHER 15. MAIDEN NAME Josephine Tittel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

17. INFORMANT (ADDRESS) John Davis

18. BURIAL, CREMATION, OR REMOVAL PLACE New Picker DATE April 21/34

19. UNDERTAKER (ADDRESS) Wm. G. Maydell 1926 Allen ave.

20. FILED J. J. Bredebeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1933, to April 17, 1934

I last saw her alive on April 17, 1934 Death is said to have occurred on the date stated above, at 3 P m.

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

Chronic Parenchymatous Nephritis Date of onset 2-10-33

Other contributory causes of importance: Oedema of lungs 2 days

Name of operation none Date of _____

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Fred W. Rice, M. D.

(Address) 2125 Sidney st

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.

WRITE PLAINLY, WITH OUTLINES AND WITH

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both primary and secondary data collection techniques. The primary data was gathered through direct observation and interviews with key personnel. Secondary data was obtained from existing reports and databases.

The analysis of the data revealed several key trends and patterns. One significant finding was the correlation between certain variables, which suggests a causal relationship. This insight is crucial for understanding the underlying factors influencing the outcomes.

The final part of the document provides a comprehensive summary of the findings and offers practical recommendations for future research and implementation. It stresses the need for continuous monitoring and evaluation to ensure the effectiveness of the proposed strategies.