

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

Do not use this space.

MAR 15 1935

701

7158

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 1003  
Primary Registration District No. 1003  
(No. 4340 Beach Ave)

File No.....  
Registered No. 1571  
St. .... Ward)

**2. FULL NAME**

Mr. Arminata, Albert  
(a) Residence, No. 4340 Beach Ave St. 15 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 widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
72 0 7

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) Effingham Illinois

13. NAME James Chadwell

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

15. MAIDEN NAME Marcionus Robinson

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

17. INFORMANT Mr. Harry Albert (ADDRESS) 4326 Bingham Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathews DATE 2-18-35

19. UNDERTAKER Thompson's Mortuary (ADDRESS) 228 E. Michigan

20. FILED FEB 15 1935 J. P. Brebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1935, to Feb 14, 1935.

I last saw her alive on Feb 14, 19..... Death is said to have occurred on the date stated above, at 8:30 P m.

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

Acute Myocarditis Date of onset Death

Other contributory causes of importance:  
Chronic Rheumatism  
Nephritis

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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 See above

(Signed) J. P. Brebeck, M. D.

(Address) 5005A Grover

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.

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