

DEC 12 1935

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

Do not use this space.

37996

791

1003

## 1. PLACE OF DEATH

County .....

Registration District No. ....

Township .....

Primary Registration District No. ....

City St. Louis MO (No. ...., Santambur St. .... Ward)File No. .... 10008

Registered No. ....

2. FULL NAME Celia Erwin(a) Residence, No. 1603 S. Jefferson St. 23 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 1 mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

|                                                                                         |                                                                                                                 |                                                                             |          |                                                 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------|-------------------------------------------------|
| 3. SEX<br><u>Female</u>                                                                 | 4. COLOR OR RACE<br><u>White</u>                                                                                | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |          |                                                 |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>James Erwin</u>      |                                                                                                                 |                                                                             |          |                                                 |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 22, 1880</u>                            |                                                                                                                 |                                                                             |          |                                                 |
| 7. AGE                                                                                  | YEARS                                                                                                           | MONTHS                                                                      | DAYS     | If LESS than 1 day, ..... hrs. or ..... min.    |
|                                                                                         | <u>55</u>                                                                                                       | <u>1</u>                                                                    | <u>6</u> |                                                 |
| OCCUPATION                                                                              | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Housework</u> |                                                                             |          |                                                 |
|                                                                                         | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>Housework</u>          |                                                                             |          |                                                 |
|                                                                                         | 10. Date deceased last worked at this occupation (month and year) <u>about Nov 1915</u>                         |                                                                             |          |                                                 |
|                                                                                         |                                                                                                                 |                                                                             |          | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>St. Louis Missouri</u>           |                                                                                                                 |                                                                             |          |                                                 |
| FATHER                                                                                  | 13. NAME<br><u>Unknown</u>                                                                                      |                                                                             |          |                                                 |
|                                                                                         | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Unknown Germany</u>                                      |                                                                             |          |                                                 |
| MOTHER                                                                                  | 15. MAIDEN NAME<br><u>Unknown</u>                                                                               |                                                                             |          |                                                 |
|                                                                                         | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Unknown Germany</u>                                      |                                                                             |          |                                                 |
| 17. INFORMANT (ADDRESS)<br><u>A. C. Miller M.D. 5300 Arsenal St.</u>                    |                                                                                                                 |                                                                             |          |                                                 |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Funerary</u> DATE <u>Nov 30</u> 19 <u>35</u> |                                                                                                                 |                                                                             |          |                                                 |
| 19. UNDERTAKER (ADDRESS)<br><u>Wacker-Helderte 2331 S. Broadway</u>                     |                                                                                                                 |                                                                             |          |                                                 |
| 20. FILED <u>NOV 29 1935</u> <u>J. T. Brebeck</u> Registrar                             |                                                                                                                 |                                                                             |          |                                                 |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 193522. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935, to Nov 28, 1935I last saw her alive on Nov 27, 1935. Death is saidto have occurred on the date stated above, at 5:15 A.m.

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

Chronic Myocarditis Date of onset 1930+

Other contributory causes of importance:

Pulmonary edema 1935+

Name of operation .....

Date of .....

What test confirmed diagnosis? .....

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 .....

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 noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. C. Miller, M. D.(Address) 5300 Arsenal St.

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 details the various methods used to collect and analyze the data. This includes both manual and automated processes. The manual process involves reviewing each entry individually, while the automated process uses software to identify patterns and anomalies.

The third section describes the results of the analysis. It shows that there are several areas where the data is inconsistent or incomplete. These areas need to be investigated further to determine the cause of the discrepancies.

Finally, the document concludes with a list of recommendations. These include implementing stricter controls over data entry, improving the accuracy of the automated processes, and conducting regular audits to ensure the integrity of the data.