

JUN 5 1936

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

Do not use this space.

20777

1. PLACE OF DEATH

County
Township
City *St. Louis*

Registration District No. **791**
Primary Registration District No. **1003**
(No. *Christiane Hospital*)

File No.
Registered No. **4964**
St. Ward

2. FULL NAME

Emma Armstrong

(a) Residence, No. *4420 Rosalie Ave* St. *10* 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) *Single*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 13, 1876*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 *10* *21*

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

13. NAME *Thomas Spence Armstrong*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo*

15. MAIDEN NAME *Emma Poole*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

17. INFORMANT (ADDRESS) *Thomas W. Armstrong, 4444 Rosalie Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *May 7, 1936*

19. UNDERTAKER (ADDRESS) *Math. Hermann & Son, 2161 S. 7th Ave.*

20. FATHER *W. F. Bredeck*
MAY 6 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 4, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 1, 1935*, to *May 4, 1936*
I last saw him alive on *May 4, 1936* Death is said to have occurred on the date stated above, at *10:30 p.m.*
The principal cause of death and related causes of importance were as follows:

Carcinoma (sigmoid) Date of onset *July 1935*

Other contributory causes of importance: *Ht*

Name of operation *Colostomy* Date of *Sept 1, 1935*
What test confirmed diagnosis? *None* 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) *M. E. Jones*, M. D.
(Address) *1500 Olim St*

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.

1. The first part of the document discusses the general principles of the project. It outlines the objectives and the scope of the work. The second part describes the methodology used in the study, including the data collection and analysis techniques. The third part presents the results of the study, which show a significant correlation between the variables. The final part concludes the study and provides recommendations for future research.

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