

OCT 5 1936

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

Do not use this space.

36008

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**City **St. Louis** (No. **2611**)**Lawton**

File No.

Registered No. **9631**

St. Ward

2. FULL NAME

Armintha M. Lott(a) Residence, No. **2611** **Lawton** St. **21** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 4. COLOR OR RACE **col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widow**6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown**7. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 20, 1879**8. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 2 27

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

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

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alabama**14. NAME **Matt Saffold**15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alabama**16. MAIDEN NAME **Martha Early**17. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alabama**18. INFORMANT **Hester Gluck**(ADDRESS) **2611 Lawton, Mo**19. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Sept 22, 1936**20. UNDERTAKER **English Undertaking Co**(ADDRESS) **2901 Lucas Ave**

21. FILED

SEP 22 1936**J. F. Bredek** Registrar.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/17**, 19**36**I HEREBY CERTIFY, That I attended deceased from **9/17**, 19**36**, to **9/18**, 19**36**I last saw **her** alive on **9/17**, 19**36**. Death is said to have occurred on the date stated above, at **12:30 a.m.**

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

Cerebral Hemorrhage Date of onset**87 a**

Other contributory causes of importance:

Hypertension

Name of operation

What test confirmed diagnosis?

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

Where did injury occur?

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) **Thos. J. Gluck**, M. D.(Address) **11 N. Jefferson Ave**

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.

