

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

Do not use this space.

JUL 8 - 1937

**791
1003**

**22389
6141**

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo. (No. St. Mary's Infirmary) St. Ward.....

2. FULL NAME

Patsy Armstead

(a) Residence, No. 4341 a Finney St. 11 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jerry Armstead

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 27-1879

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
64				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
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) Lebanon, Tenn.

13. NAME Henry Brown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Patsy Armstead
(ADDRESS) 4341 a Finney

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 6-25-1937

19. UNDERTAKER Manuel Smith
(ADDRESS) 4039 - Spring

20. **JUN 25 1937** 19..... J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 19 37

22. I HEREBY CERTIFY, That I attended deceased from February 12, 1937, to June 22, 1937

I last saw h. OK alive on June 22, 19 37 Death is said to have occurred on the date stated above, at 10:15 A.M.

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

Retropharyngeal abscess
© Rupture into Trachea
76
Date of onset.....

Other contributory causes of importance:

Spondylitis of 3rd, 4th & 5th Cervical vertebrae

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify..... (Signed) M. J. Sostine, M. D.
(Address) St. Mary's Infirmary

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.

23
899
31

