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.

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

File No. 2877

Registered No. 56

Registration District No. _____

Primary Registration District No. 1003

PLACE OF DEATH

County _____

Township _____ or Village _____ or City St Louis Mo (NO. 3153 Ohio ave St. 10 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Henry T. Rustige

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

DATE OF BIRTH: August (Month) 12 (Day) 1907 (Year)

AGE: 2 yrs. 6 mos. 22 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): —

BIRTHPLACE (City or town, State or foreign country): St Louis Mo

PARENTS

NAME OF FATHER: Theo Rustige

BIRTHPLACE OF FATHER (City or town, State or foreign country): Germany

MAIDEN NAME OF MOTHER: Gertrude Moenig

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gertrude Moenigs

(ADDRESS) 3153 Ohio Ave

Filed FEB -3 1910, 191_ Anna G. Snodgras Dep REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 2 (Day), 1910 (Year)

I HEREBY CERTIFY, that I attended deceased from January 26, 1910, to February 2, 1910, that I last saw him alive on February 1, 1910, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

108 (Duration) ___ yrs. ___ mos. 7 ds.

Contributory (SECONDARY) None (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) W. Pohrer M. D.

Feb. 3, 1910 (Address) 1803 Pestalozzi

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL: St Peter & Pauls

DATE OF BURIAL: Feb 4, 1910

UNDERTAKER: Wm. Wingbermuehle

ADDRESS: 2929 S. Jefferson ave

ised United States Standard Certificate of Death

[pproved by U. S. Census and American Public Health Association]

ıtement of occupation.—Precise statement of oc-
ion is very important, so that the relative health-
ss of various pursuits can be known. The ques-
applies to each and every person, irrespective of
For many occupations a single word or term on
irst line will be sufficient, e. g., *Farmer* or *Planter,*
ician, Compositor, Architect, Locomotive engineer,
engineer, Stationary fireman, etc. But in ma
, especially in industrial employments, it is neces-
to know (*a*) the kind of work and also (*b*) the
re of the business or industry, and therefore an
ional line is provided for the latter statement; it
ld be used only when needed. As examples: (*a*)
ner, (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;*
Foreman, (*b*) *Automobile factory.* The material
ed on may form part of the second statement.
r return "Laborer," "Foreman," "Manager,"
ller," etc., without more precise specification, as
laborer, Farm laborer, Laborer—Coal mine, etc.
nen at home, who are engaged in the duties of the
ehold only (not paid *Housekeepers* who receive a
ite salary), may be entered as *Housewife, House-*
, or *At home,* and children, not gainfully employed,
t school or *At home.* Care should be taken to re-
specifically the occupations of persons engaged in
estic service for wages, as *Servant, Cook, House-*
, etc. If the occupation has been changed or given
n account of the DISEASE CAUSING DEATH, state oc-
tion at beginning of illness. If retired from busi-
, that fact may be indicated thus: *Farmer (re-*
, 6 yrs.). For persons who have no occupation
tever, write *None.*

tatement of cause of death.—Name, first, the
ASE CAUSING DEATH (the primary affection with re-
t to time and causation), using always the same
pted term for the same disease. Examples: *Cere-*
pinal fever (the only definite synonym is "Epidemic
brospinal meningitis"); *Diphtheria* (avoid use of
oup"); *Typhoid fever* (never report "Typhoid
monia"); *Lobar pneumonia; Bronchopneumonia*
neumonia," unqualified, is indefinite); *Tuberculosis*
ungs, meninges, peritonaeum, etc., *Carcinoma, Sar-*
coma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.