

## PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City St. Louis

Registration District No. \_\_\_\_\_

File No. 5501Primary Registration District No. 1003Registered No. 682(NO. 3856 Virginia Ave St. 10 Ward)

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

FULL NAME Gertrude Pollack

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>November 15, 1899</u> (Month) (Day) (Year)		
AGE <u>10</u> yrs. <u>3</u> mos. <u>5</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Attending School</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>St. Louis Mo</u>		
PARENTS	NAME OF FATHER <u>Chas. Pollack</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u>	
	MAIDEN NAME OF MOTHER <u>Alvina Roth</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Germany</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas Pollack(ADDRESS) 3856 Virg. Ave.

FEB 21 1910

Filed \_\_\_\_\_ 191

W. Wheeler Bond

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 21, 1910  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Feb. 17, 1910, to Feb. 21, 1910, that I last saw her alive on Feb 20, 1910, and that death occurred, on the date stated above, at 5:29 m.

The CAUSE OF DEATH\* was as follows:

Pneumo-Pneumonia10 1/2(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 19 ds.Contributory X  
(SECONDARY)

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. H. Amerland M. D.  
Feb. 21, 1910 (Address) 2739 Crispen St

\*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

DATE OF BURIAL

St. Matthews Cemetery Feb 23, 1910

UNDERTAKER

ADDRESS

J. H. Gibson 2842 Menard

# United States Standard Certificate of Death

U. S. Census and American Public Health  
Association]

**Occupation.**—Precise statement of occupation is important, so that the relative healthfulness of various pursuits can be known. The question should be asked of each and every person, irrespective of occupation, a single word or term on which the statement may be sufficient, e. g., *Farmer* or *Planter*, *Visitor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to state (a) the kind of work and also (b) the business or industry, and therefore an example should be provided for the latter statement; it is only when needed. As examples: (a) *Woolen mill*; (a) *Salesman*, (b) *Grocery*; (b) *Automobile factory*. The material should form part of the second statement. "Laborer," "Foreman," "Manager," without more precise specification, as *Iron laborer*, *Laborer—Coal mine*, etc. For persons who are engaged in the duties of the *not paid Housekeepers* who receive a salary, the occupation may be entered as *Housewife*, *Housemaid*, and children, not gainfully employed, as *at home*. Care should be taken to register the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*. If occupation has been changed or given up, the DISEASE CAUSING DEATH, state occasion of illness. If retired from business, the occupation may be indicated thus: *Farmer* (reference to persons who have no occupation *None*).

**Cause of death.**—Name, first, the cause of death (the primary affection with regard to causation), using always the same word for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "throat fever" (never report "Typhoid fever"); *Lobar pneumonia*; *Bronchopneumonia* (if unqualified, is indefinite); *Tuberculosis of lungs, peritoneum*, 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 septicaemia," "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.)

