

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.

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

PLACE OF DEATH \_\_\_\_\_

County \_\_\_\_\_

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City St. Louis

Registration District No. 791

File No. 11801

Primary Registration District No. 1003

Registered No. 2884

Washington  
(NO. 73) 611 Jefferson Ave Ward

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

FULL NAME Louis Doderhoff

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

SEX Male COLOR OR RACE White SINGLE (Married)  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

DATE OF DEATH April 27, 1910  
(Month) (Day) (Year)

DATE OF BIRTH Sept 20, 1954  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 9, 1910, to April 27, 1910, that I last saw him alive on April 26, 1910,

AGE 55 yrs. 7 mos. 7 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

and that death occurred, on the date stated above, at \_\_\_ m. The CAUSE OF DEATH\* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Brush Maker  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

Cancer of the Prostate  
51C  
53E

BIRTHPLACE (City or town, State or foreign country) Germany

(Duration) 1 yrs. \_\_\_ mos. \_\_\_ ds.

NAME OF FATHER John Doderhoff

Contributory Metastasis in prostate  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

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

(Signed) H. Ernst Jonas M. D.  
April 27 1910 (Address) 466 V. Taylor Ave

MAIDEN NAME OF MOTHER \_\_\_\_\_

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

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

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death \_\_\_ yrs. \_\_\_ mos. 19 ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Informant) John Doderhoff

Where was disease contracted If not at place of death? \_\_\_\_\_

(ADDRESS) 727 Doddridge St

Former or usual residence 727 Doddridge St

FILED APR 28 1910 1910 W. Wheeler Bond

PLACE OF BURIAL OR REMOVAL Calvary Cemetery DATE OF BURIAL April 29 1910

UNDERTAKER Wheeler-Schmidt ADDRESS 1817 Sidney St

REGISTRAR

# Revised United States Standard Certificate of Death

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

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sar-*

*coma*, etc., of less definite; av neoplasms); *Mel- lar heart disease* contributory (s not be stated u: ease causing c onduary), *to d* minal condi' (merely sym "Convulsions "Dropsy," "rhage," "In- "Uraemia," can be as diseases; "PUERPER State cau taken. F qualify *probabl* Example *train—ac* *Poisoned* ture of quences head of ment o Nomen

(name origin; "Cancer" is of "Tumor" for malignant 'hooping cough; *Chronic valvular interstitial nephritis*, etc. The or intercurrent) affection need portant. Example: *Measles* (dis- 29 ds.; *Bronchopneumonia* (sec- er report mere symptoms or ter- uch as "Asthenia," "Anaemia" ), "Atrophy," "Collapse," "Coma," ity" ("Congenital," "Senile," etc.), ion," "Heart failure," "Hæmorrhage," "Marasmus," "Old age," "Shock," ness," etc., when a definite disease as the cause. Always qualify all from childbirth or miscarriage, as *acmia*," "PUERPERAL peritonitis," etc. hich surgical operation was under- T DEATHS state MEANS OF INJURY AND NTAL, SUICIDAL, OR HOMICIDAL, or as if impossible to determine definitely. *dental drowning*; *Struck by railway Revolver wound of head—homicide*; *colic acid—probably suicide*. The nar- ary, as fracture of skull, and conse- eptis, tetanus) may be stated under the butory." (Recommendations on state- of death approved by Committee on f the American Medical Association.)

