

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 _____

City St Louis Mo (NO. 3751 Cozzis av St. 16 Ward)

Registration District No. 791

File No. 14690

Primary Registration District No. 1003

Registered No. 3197

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

FULL NAME Henry Melber Hall

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH May (Month) 7 (Day) 1910 (Year)

AGE 6 mos 16 mos 1 yr 2 yrs 3 yrs 4 yrs 5 yrs 6 yrs 7 yrs 8 yrs 9 yrs 10 yrs 11 yrs 12 yrs 13 yrs 14 yrs 15 yrs 16 yrs 17 yrs 18 yrs 19 yrs 20 yrs 21 yrs 22 yrs 23 yrs 24 yrs 25 yrs 26 yrs 27 yrs 28 yrs 29 yrs 30 yrs 31 yrs 32 yrs 33 yrs 34 yrs 35 yrs 36 yrs 37 yrs 38 yrs 39 yrs 40 yrs 41 yrs 42 yrs 43 yrs 44 yrs 45 yrs 46 yrs 47 yrs 48 yrs 49 yrs 50 yrs 51 yrs 52 yrs 53 yrs 54 yrs 55 yrs 56 yrs 57 yrs 58 yrs 59 yrs 60 yrs 61 yrs 62 yrs 63 yrs 64 yrs 65 yrs 66 yrs 67 yrs 68 yrs 69 yrs 70 yrs 71 yrs 72 yrs 73 yrs 74 yrs 75 yrs 76 yrs 77 yrs 78 yrs 79 yrs 80 yrs 81 yrs 82 yrs 83 yrs 84 yrs 85 yrs 86 yrs 87 yrs 88 yrs 89 yrs 90 yrs 91 yrs 92 yrs 93 yrs 94 yrs 95 yrs 96 yrs 97 yrs 98 yrs 99 yrs 100 yrs

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

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

NAME OF FATHER George Hall

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

MAIDEN NAME OF MOTHER Bertha Ryan

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Hall

(ADDRESS) 3751 Cozzis av. St Louis Mo

Filed MAY -9 1910 1910

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 7 (Day) 1910 (Year)

I HEREBY CERTIFY, that I attended deceased from May 7, 1910, to May 7, 1910, that I last saw him alive on May 7, 1910, and that death occurred, on the date stated above, at 4:00 PM

The CAUSE OF DEATH* was as follows:

158 Premature Birth (One of twins)

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) W. Marquardt M. D. May 8, 1910 (Address) 500 Century Bldg

*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 Bellvue County DATE OF BURIAL MAY 9 1910

UNDERTAKER W. D. Dutton ADDRESS 414 S. Dorset St Louis Mo

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*, *Composer*, *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: *Former (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 _____ (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 surgi 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.)

