

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County _____			Registration District No. <b>791</b>	File No. <b>15101</b>
Township _____ or Village _____			Primary Registration District No. <b>1003</b>	Registered No. <b>3608</b>
City <b>St Louis</b> (NO. <b>1557 S. 2nd</b> St.: <b>7</b> Ward)			[If death occurred in a hospital or institution, give its NAME instead of street and number]	
FULL NAME <b>William F. Berding</b>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <b>Male</b>	COLOR OR RACE <b>White</b>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <b>Single</b>	DATE OF DEATH <b>5/20</b> , 1910 (Month) (Day) (Year)	
DATE OF BIRTH <b>May 3</b> , 1910 (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <b>5/3</b> , 1910, to <b>5/20</b> , 1910,	
AGE _____ yrs. _____ mos. <b>17</b> ds. If LESS than 1 day, _____ hrs. or _____ min.?			that I last saw him alive on <b>5/19</b> , 1910,	
OCCUPATION (a) Trade, profession, or particular kind of work <b>None</b> (b) General nature of industry, business, or establishment in which employed (or employer) <b>None</b>			and that death occurred, on the date stated above, at <b>3:30</b> A.M. The CAUSE OF DEATH* was as follows: <b>159</b> <b>Premature Birth</b> <b>(8 1/2 mos.) (cause unknown)</b>	
BIRTHPLACE (City or town, State or foreign country) <b>St Louis</b>			Contributory _____ (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <b>George Berding</b>		(Signed) <b>Ed. J. Lewis</b> M. D. <b>5/20</b> , 1910 (Address) <b>1211 8th Ave</b>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <b>St Louis Mo.</b>		* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	MAIDEN NAME OF MOTHER <b>Pearl Toolooze</b>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <b>St Louis Mo.</b>		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <b>George Berding</b>				
(ADDRESS) <b>15-57 S. 2nd St.</b>				
MAY 21 1910			DATE OF BURIAL <b>May 21</b> , 1910	
File # <b>219 Whelan Bond</b>			ADDRESS <b>3105 E. 2nd</b>	
REGISTRAR			PLACE OF BURIAL OR REMOVAL <b>New Picker</b>	
			UNDERTAKER <b>Frank H. B. Blumberg</b> <b>amb. son</b>	

# United States Standard Certificate of Death

Adopted by U. S. Census and American Public Health  
Association]

nt of occupation.—Precise statement of oc-  
very important, so that the relative health-  
various pursuits can be known. The ques-  
s to each and every person, irrespective of  
many occupations a single word or term on  
e will be sufficient, e. g., *Farmer* or *Planter*,  
*Composer*, *Architect*, *Locomotive engineer*,  
*Seer*, *Stationary fireman*, etc. But in many  
cially in industrial employments, it is neces-  
ow (a) the kind of work and also (b) the  
the business or industry, and therefore an  
line is provided for the latter statement; it  
used only when needed. As examples: (a)  
b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*;  
*man*, (b) *Automobile factory*. The material  
may form part of the second statement.  
turn "Laborer," "Foreman," "Manager,"  
etc., without more precise specification, as  
*er*, *Farm laborer*, *Laborer—Coal mine*, etc.  
home, who are engaged in the duties of the  
only (not paid *Housekeepers* who receive a  
lary), may be entered as *Housewife*, *House-*  
*It home*, and children, not gainfully employed,  
*ool* or *At home*. Care should be taken to re-  
fically the occupations of persons engaged in  
service for wages, as *Servant*, *Cook*, *House-*

If the occupation has been changed or given  
punct of the DISEASE CAUSING DEATH, state oc-  
t beginning of illness. If retired from busi-  
fact may be indicated thus: *Farmer (re-*  
*rs.)*. For persons who have no occupation  
write *None*.

ent of cause of death.—Name, first, the  
USING DEATH (the primary affection with re-  
ime and causation), using always the same  
term for the same disease. Examples: *Cere-*  
*fever* (the only definite synonym is "Epidemic  
nal meningitis"); *Diphtheria* (avoid use of  
); *Typhoid fever* (never report "Typhoid  
"); *Lobar pneumonia*; *Bronchopneumonia*  
nia," unqualified, is indefinite); *Tuberculosis*  
*meninges*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "C  
less definite; avoid use of "Tumor" for  
neoplasms); *Measles*; *Whooping cough*; *Chro-*  
*lar heart disease*; *Chronic interstitial nephritis*,  
contributory (secondary or intercurrent) affec-  
not be stated unless important. Example: *Me-*  
*ease causing death*, 29 ds.; *Bronchopneum-*  
*ondary*), 10 ds. Never report mere symptom  
minal conditions, such as "Asthenia," "A"  
(merely symptomatic), "Atrophy," "Collapse,"  
"Convulsions," "Debility" ("Congenital," "Sen  
"Dropsy," "Exhaustion," "Heart failure,"  
"rhage," "Inanition," "Marasmus," "Old age,"  
"Uraemia," "Weakness," etc., when a defini-  
can be ascertained as the cause. Always c  
diseases resulting from childbirth or misca  
"PUERPERAL septicaemia," "PUERPERAL perit  
State cause for which surgical operation w  
taken. For VIOLENT DEATHS state MEANS OF I  
qualify as ACCIDENTAL, SUICIDAL, or HOMICID  
*probably* such, if impossible to determine  
Examples: *Accidental drowning*; *Struck b*  
*train—accident*; *Revolver wound of head—*  
*Poisoned by carbolic acid—probably suicide.*  
ture of the injury, as fracture of skull, a  
quences (e. g., *sepsis*, *tetanus*) may be stated  
head of "Contributory." (Recommendations  
ment of cause of death approved by Com  
Nomenclature of the American Medical As

