

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

County \_\_\_\_\_

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City St. Louis, Mo. (NO. 2928<sup>th</sup> Madison St. 20 Ward)
 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
Registration District No. 791File No. 18302Primary Registration District No. 1003Registered No. 4427

FULL NAME

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

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widow</u>
DATE OF BIRTH <u>July 24, 1827</u> (Month) (Day) (Year)		
AGE <u>82</u> yrs. <u>10</u> mos. <u>21</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Switzerland</u>		
PARENTS	NAME OF FATHER <u>Schuback</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Switzerland</u>	
	MAIDEN NAME OF MOTHER <u>Unknown</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Switzerland</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edwards Studler(ADDRESS) 2928<sup>th</sup> Madison

Filed

1910H. Wheeler Bond

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

June 15<sup>th</sup>, 1910  
(Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from  
Jan, 1910, to June 15<sup>th</sup>, 1910,  
 that I last saw her alive on June 14, 1910,  
 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH\* was as follows:

Senile Debility

Contributory

15 (Duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Chronic Gastric catarrh

(Signed)

Theo W Conger M. D.Jan 16, 1910 (Address) 5043 Vernon Ave

\*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

Bethany

UNDERTAKER

H. Alweel

DATE OF BURIAL

June 18, 1910

ADDRESS

2002 Wash St.  
St. Louis, Mo.

# 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 questions apply to each and every person, irrespective of how many occupations a single word or term on the line will be sufficient, e. g., *Farmer* or *Planter*, *Miner*, *Composer*, *Architect*, *Locomotive engineer*, *Electrician*, *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 name of the business or industry, and therefore an additional line is provided for the latter statement; it is to be used only when needed. As examples: (a) *Farmer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery store*; (a) *Fireman*, (b) *Automobile factory*. The material on the second line may form part of the second statement. For example, return "Laborer," "Foreman," "Manager," "Clerk," etc., without more precise specification, as *Miner*, *Farm laborer*, *Laborer—Coal mine*, etc. For persons at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Householder*; *At home*, and children, not gainfully employed, as *Child* or *At home*. Care should be taken to specify specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, the fact may be indicated thus: *Farmer* (30 yrs.). For persons who have no occupation at the time of death, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with time and causation), using always the same term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Diphtheritic"); *Typhoid fever* (never report "Typhoid fever"); *Lobar pneumonia*; *Bronchopneumonia* ("unqualified, is indefinite"); *Tuberculosis* ("unqualified, is indefinite"); *Meningitis*, *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 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.)

