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

Township

or

Village

or

City St Louis Mo. (NO. on Iron Mountain R.R. tracks on Davis St. St.: 11 Ward)

Registration District No. 791

Primary Registration District No. 003

File No. 28523

Registered No. 6814

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

FULL NAME Charles Borring

**PERSONAL AND STATISTICAL PARTICULARS**

SEX Male

COLOR OR RACE White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widower

DATE OF BIRTH (Month) (Day) 1827 (Year)

AGE 83 yrs. — mos. — ds.

If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) U. S.

PARENTS

NAME OF FATHER Not ascertainable

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

MAIDEN NAME OF MOTHER "

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Coroner's Office

(ADDRESS) H. W. Foth Deputy

Filed SEP - 1910 191 H Wheeler Bond REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Aug. 29, 1910 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from ___, 191__, to ___, 191__, that I last saw h___ alive on ___, 191__, and that death occurred, on the date stated above, at 5 10 P. m.

The CAUSE OF DEATH* was as follows:

Body Mangled due to being struck & run over by freight cars

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) Steam Ry Accident

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) T. L. Carriere M. D.

9/1 1910 (Address) Deputy Coroner

*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 #8303 Polk St.

PLACE OF BURIAL OR REMOVAL Evan Luth

DATE OF BURIAL Sept 4 1910

UNDERTAKER Hoffmeister Co.

ADDRESS 7814 S. Broadway

# ited States Standard Certificate of Death

U. S. Census and American Public Health Association]

**occupation.**—Precise statement of oc- y important, so that the relative health- ious pursuits can be known. The ques- each and every person, irrespective of y occupations a single word or term on ill be sufficient, e. g., *Farmer* or *Planter, positor, Architect, Locomotive engineer, Stationary fireman*, etc. But in many in industrial employments, it is neces- (*a*) the kind of work and also (*b*) the business or industry, and therefore an is provided for the latter statement; it only when needed. As examples: (*a*) *otton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*b*) *Automobile factory.* The material form part of the second statement. *Accidental drown* "Laborer," "Foreman," "Manager," without more precise specification, as *arm laborer, Laborer—Coal mine,* etc. who are engaged in the duties of the (not paid *Housekeepers* who receive a resulting from chil may be entered as *Housewife, House- me,* and children, not gainfully employed, ne ascertained as the *At home.* Care should be taken to re- the occupations of persons engaged in e for wages, as *Servant, Cook, House- he* occupation has been changed or given of the DISEASE CAUSING DEATH, state oc- (merely symptoms minning of illness. If retired from busi- *monia* (secondary), may be indicated thus: *Farmer* (*re- Measles* (disease For persons who have no occupation tion need not be st *None.*

**f cause of death.**—Name, first, the G DEATH (the primary affection with re- and causation), using always the same for the same disease. Examples: *Cere-* (the only definite synonym is "Epidemic neningitis"); *Diphtheria* (avoid use of *phoid fever* (never report "Typhoid *Lobar pneumonia; Bronchopneumonia* unqualified, is indefinite); *Tuberculosis ges, 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," "Co "Convulsions," "Debility" ("Congenital," "Senile," "Dropsy," "Exhaustion," "Heart failure," "Hae rhage," "Inanition," "Marasmus," "Old age," "Sh "Uraemia," "Weakness," etc., when a definite di can be ascertained as the cause. Always qualif diseases resulting from childbirth or miscarriag "PUERPERAL *septichaemia,*" "PUERPERAL *peritonitis,* State cause for which surgical operation was u taken. For VIOLENT DEATHS state MEANS OF INJUR qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, *probably* such, if impossible to determine defin 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.)

Rev

*onic valvular heart* The contribu- *Meningitis* (disease

ommittee on Nome- ndations on statem- e stated under the re of skull, and cons- *id—probably suicid Revolver wound of* *Accidental drown* VIOLENT DEATHS ACCIDENTAL, SUIC *septichaemia,* resulting from chil *Housewife, House- ne,* ascertained as the *At home.* Care should be taken to re- *emia,* "Weakness, *Inanition,* "M *Dropsy,* "Exha *Servant, Cook, House- Convulsions,* "D *merely symptoma monia* (secondary), *Measles* (disease *None.*

Sta cupation fulness c applies For mar line will *Composi Stationar* industria kind of industry, the latte As exam (*b*) *Groc* material ment. "Dealer, *laborer,* at home, only (not may be e children, Care sho of person *vant, Coo* changed DEATH, tired fro *Farmer (*