

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

PLACE OF DEATH

County \_\_\_\_\_  
Township \_\_\_\_\_ or Village \_\_\_\_\_ or City St. Louis mo. (NO. 1319 Arsenal St. 9 Ward) Registration District No. 791 File No. 28822 Primary Registration District No. 1003 Registered No. 7113

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

FULL NAME Hildagard Grace Ahrens

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH March 28, 1910  
(Month) (Day) (Year)

AGE 5 yrs. 14 mos. 14 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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.

PARENTS NAME OF FATHER George L. Ahrens BIRTHPLACE OF FATHER (City or town, State or foreign country) St. Charles, County mo. MAIDEN NAME OF MOTHER Theresa Erfehan BIRTHPLACE OF MOTHER (City or town, State or foreign country) St. Peter mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Geo. L. Ahrens (ADDRESS) 1319 Arsenal

FILED SEP 13 1910 W. H. Keller Bond REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 12, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 7, 1910, to Sept 12, 1910, that I last saw her alive on Sept 11, 1910, and that death occurred, on the date stated above, at 5 46 a.m.

The CAUSE OF DEATH\* was as follows:  
Rachitis  
marasmus

Contributory (SECONDARY) Tuberculosis (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. (Signed) W. C. Broadhead M. D. Sept 11, 1910 (Address) 4704 Virginia

\*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 1319 Arsenal St.

PLACE OF BURIAL OR REMOVAL St. Peter & Paul Cemetery DATE OF BURIAL Sept 13, 1910 UNDERTAKER Guigenheim Bros. ADDRESS 2623 Cherokee St.

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.

MARGIN RESERVED FOR BINDING

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative health-ss of various pursuits can be known. The ques- applies to each and every person, irrespective of For many occupations a single word or term on first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Engineer*, *Stationary fireman*, etc. But in many especially in industrial employments, it is neces- to know (a) the kind of work and also (b) the 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) *Printer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material provided on may form part of the second statement. Women should return "Laborer," "Foreman," "Manager," "Cook," etc., without more precise specification, as *Domestic laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Men 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*, *Housewife*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to re- specify the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *House-keeper*, etc. If the occupation has been changed or given account of the DISEASE CAUSING DEATH, state oc- currence at beginning of illness. If retired from busi- ness that fact may be indicated thus: *Farmer* (re- tired 6 yrs.). For persons who have no occupation at death, write *None*.

# United States Standard Certificate of Death

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Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with re- to time and causation), using always the same term for the same disease. Examples: *Cere- bral meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "throat"); *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* (dis- ease causing death), 29 ds.; *Bronchopneumonia* (sec- ondary), 10 ds. Never report mere symptoms or ter- minal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemor- rhage," "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 under- taken. 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 conse- quences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on state- ment of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Certificate

HUGH STEPHENS, JEFFERSON CITY.

