

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 St. Louis (NO. _____)

Registration District No. 797

File No. 32042

Primary Registration District No. 1003

Registered No. 7737

St. 24 Ward

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

FULL NAME Budget Davis

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Unknown 1839
(Month) (Day) (Year)

AGE 71 yrs. 7 mos. 7 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 131 97

BIRTHPLACE (City or town, State or foreign country) Ireland

NAME OF FATHER Unknown

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

MAIDEN NAME OF MOTHER Unknown

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. Casgrove Chief Clerk

(ADDRESS) INFIRMARY

Filed OCT - 2 1910 H. Wheeler Bond

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 30, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 30, 1910, to Oct. 30, 1910, that I last saw her alive on Oct. 30, 1910, and that death occurred, on the date stated above, at 9⁴⁰ P.M.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis

(Duration) 2 yrs. 2 mos. 2 ds.
Contributory Arterio Sclerosis Acute
(SECONDARY) Dactylitis (Duration) ? yrs. 2 mos. 2 ds.

(Signed) H. A. H. Steinmann M. D.
Oct 4th, 1910 (Address) 5800 Arsenal St.

*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 Calvary DATE OF BURIAL 6/10, 1910

UNDERTAKER Hickey & Stephens ADDRESS 1325 Market

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., *Former or Planter, Physician, Compositor, 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, Household work*, 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: *Farmer (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 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.)



STATE OF MISSOURI, }
CITY OF ST. LOUIS, } SS.



Before me, DENIS HICKEY, a Notary Public for the City of St. Louis, State of Missouri,

on this day personally appeared Mary M^e Carthy
who, after being by me duly sworn, stated on oath that ~~he~~ ^{she} is lives at 2701 North 9th St. St. Lou

and is niece of Bridget Davis who died at The
St. Louis Infirmary on Oct 3rd 1910 at 9⁴⁰ P.M.
The deponent swears that the said Bridget Davis
will be sixty two years on her next birthday
and also swear that the said Bridget Davis
is a widow to the best of her knowledge

Mrs Mary M^e Carthy

Subscribed and sworn to before me, to certify which I hereunto sign my name
and affix my seal of office, this 5th day
of October A. D. 1910

Term expires Nov. 6th 1910

Denis Hickey
Notary Public.

32042