

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. 4110 Florissant Ave.)

Registration District No. 751

File No. 32533

Primary Registration District No. 1003

Registered No. 8228

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

FULL NAME Caroline Stoll

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widowed</u> <small>(Write the word)</small>
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DATE OF DEATH Oct. 19, 1910
(Month) (Day) (Year)

DATE OF BIRTH June 8, 1834
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 9, 1910, to Oct 19, 1910, that I last saw her alive on Oct 18th, 1910, and that death occurred, on the date stated above, at 4⁴⁰ A.M.

AGE 76 yrs. 4 mos. 11 ds.
If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

Stenosis of bowel

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

(Duration) ___ yrs. ___ mos. 4 ds.

NAME OF FATHER Henry Wendel

Contributory (SECONDARY) Cancer of Liver
(Duration) ___ yrs. ___ mos. ___ ds.

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

(Signed) Geo. A. Melliss M. D.
Oct 21, 1910 (Address) 2837 Cass av

MAIDEN NAME OF MOTHER Unknown

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

(Informant) Mrs Birnheld

Where was disease contracted if not at place of death? _____

(ADDRESS) 4110 Florissant Ave.

Former or usual residence. _____

Filed OCT 22 1910 W. H. Keller Bond

PLACE OF BURIAL OR REMOVAL St. Peter's Cemetery DATE OF BURIAL Oct. 22, 1910

REGISTRAR

UNDERTAKER W. J. Dwyer & Son ADDRESS 2805 N. Saub.

States Standard Certificate of Death

[Consensus and American Public Health Association]

ation.—Precise statement of occupation, so that the relative health-risks can be known. The question every person, irrespective of occupations a single word or term on sufficient, e. g., *Farmer* or *Planter*, *Architect*, *Locomotive engineer*, *nary fireman*, etc. But in many industrial employments, it is necessary kind of work and also (b) the ss or industry, and therefore an ided for the latter statement; it when needed. As examples: (a) *mill*; (a) *Salesman*, (b) *Grocery*; *automobile factory*. The material part of the second statement. *Foreman*, "Manager," *aborer*, *Laborer—Coal mine*, etc. are engaged in the duties of the said *Housekeepers* who receive a be entered as *Housewife*, *House* children, not gainfully employed, *me*. Care should be taken to re- occupations of persons engaged in wages, as *Servant*, *Cook*, *House-* (a) *Atrophy*, "Disease causing death," *10 ds.* Never state unless im-

butory (secondary) *Chronic* of death.—Name, first, the (the primary affection with re- isation), using always the same same disease. Examples: *Cere-* nly definite synonym is "Epidemic is"); *Diphtheria* (avoid use of *fever* (never report "Typhoid pneumonia; *Bronchopneumonia* ified, is indefinite); *Tuberculosis ritonaeum*, 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.)

