

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

PLACE OF DEATH

County _____

Township _____

or Village _____

or City _____

City St. Louis (NO. 3620^a)

Registration District No. 791

Primary Registration District No. 1003

File No. 35714

Registered No. 8664

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

FULL NAME Rosie Bondi

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH March 15, 1845
(Month) (Day) (Year)

AGE 65 yrs. 7 mos. 20 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

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

PARENTS NAME OF FATHER Samson Lobert BIRTHPLACE OF FATHER (City or town, State or foreign country) Bohemia
MAIDEN NAME OF MOTHER Minka Kaufman BIRTHPLACE OF MOTHER (City or town, State or foreign country) Bohemia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. Bondi

(ADDRESS) 3620^a Russell Ave

Filed NOV -6 1910 W. Wheeler Bond REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 8th, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 8th, 1910, to Nov 5th, 1910, that I last saw her alive on Nov 5th, 1910, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:
Carcinoma Esophagus
"Greater curvature"
4 1/2 in
6 (Duration) yrs. 4 mos. 0 ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.
(Signed) Geo. B. Meigs M. D.
Nov 5th, 1910 (Address) 2709 S. 11th

*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 Mt. Sinai DATE OF BURIAL Nov 7, 1910

UNDERTAKER Isaac S. Rindskopf ADDRESS 34th & Locust

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

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., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many

especially in industrial employments, it is necessarily. Ex know (a) the kind of work and also (b) the of the business or industry, and therefore an line is provided for the latter statement; it be used only when needed. As examples: (a) *Foreman*, (b) *Automobile factory*. The material on may form part of the second statement.

return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *borer*, *Farm laborer*, *Laborer—Coal mine*, etc. at home, who are engaged in the duties of the old only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *House- At home*, and children, not gainfully employed, *school* or *At home*. Care should be taken to recifically the occupations of persons engaged in ic service for wages, as *Servant*, *Cook*, *House- tc*. If the occupation has been changed or given account of the DISEASE CAUSING DEATH, state oc- n at beginning of illness. If retired from busi- at fact may be indicated thus: *Farmer* (re- i yrs.). For persons who have no occupation er, write *None*.

Statement of cause of death.—Name, first, the CAUSING DEATH (the primary affection with re- o time and causation), using always the same d term for the same disease. Examples: *Cere- al fever* (the only definite synonym is "Epidemic spinal meningitis"); *Diphtheria* (avoid use of *?*); *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.)

