

PLACE OF DEATH

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

County _____

Township _____

or

Village _____

or

City St LouisRegistration District No. 791File No. 36001Primary Registration District No. 1003Registered No. 8951(NO. 4568 Eastern Ave. St. 26 Ward)

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

FULL NAME Infant Howley

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>11</u> / <u>15</u> / <u>1910</u> (Month) (Day) (Year)		
AGE _____ yrs. _____ mos. _____ ds.		If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work None

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

BIRTHPLACE

(City or town, State or foreign country) St Louis MoNAME OF FATHER John HowleyBIRTHPLACE OF FATHER (City or town, State or foreign country) IrelandMAIDEN NAME OF MOTHER Mary M. MullyBIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Howley(ADDRESS) 4568 Eastern Ave.Filed NOV 17 1910W. H. Keeler Bond
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 15, 1910
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Nov 14th, 1910, to Nov 15th, 1910, that I last saw him alive on Nov 15th, 1910, and that death occurred, on the date stated above, at 1:15 P.M.
The CAUSE OF DEATH* was as follows:Still Born

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory Uterine Inertia Much gestation
(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. McShane M. D.(Address) 4607 Eastern Ave

*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 CalvaryDATE OF BURIAL 11/15, 1910UNDERTAKER O'Connell & KellyADDRESS 2735 Cass Ave

United Standard Certificate of Death

Prepared 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 is asked of each and every person, irrespective of sex, many occupations a single word or term on the line will be sufficient, e. g., *Farmer* or *Planter*, *Composer*, *Architect*, *Locomotive engineer*, *Miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to state (a) the kind of work and also (b) the business or industry, and therefore an additional line is provided for the latter statement; it is to be used only when needed. As examples: (a) *Cotton mill*; (b) *Salesman*, (b) *Grocery store*; (b) *Automobile factory*. The material in this line may form part of the second statement.

Statement of cause of death.—Name, first, the primary affection with remote and causation), using always the same term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "Typhoid fever" (never report "Typhoid fever")); *Lobar pneumonia*; *Bronchopneumonia* (unqualified, is indefinite); *Tuberculosis meningitis*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, 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.)

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HUGH STEPHENS, JEFFERSON CITY.

