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. 2265 E. Holly Ave. St.: 1 Ward)

Registration District No. 791 File No. 39774

Primary Registration District No. 1003 Registered No. 9657

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

FULL NAME Frederick Bueltman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

DATE OF BIRTH: June (Month) 6 (Day), 1820 (Year)

AGE: 90 yrs. 5 mos. — ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Porter (Feed Store)
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 20 years

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

PARENTS
NAME OF FATHER: Not ascertainable
BIRTHPLACE OF FATHER (City or town, State or foreign country): Germany
MAIDEN NAME OF MOTHER: Not ascertainable
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ed Rohrkasse

(ADDRESS) 2265 E. Holly Ave.

Filed DEC [illegible] 1910, 191 H. Wheeler Bond REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 6 (Day), 1910 (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 29, 1910, to Dec. 6, 1910, that I last saw him alive on Dec. 6, 1910, and that death occurred, on the date stated above, at 9:30 P.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation — Endocarditis

9 v B

(Duration) — yrs. — mos. 8 ds.

Contributory (SECONDARY): Asthma, bronchitis

(Duration) — yrs. — mos. 8 ds.

(Signed) W. G. Krenning M. D.

Dec. 8, 1910 (Address) 4041a St. Louis Av.

*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: St. Peter's Cemetery

DATE OF BURIAL: Dec. 9th 1910

UNDERTAKER: Hy. Droste & Son

ADDRESS: 2805 N. Sarah

Revised United States Standa[illegible] of Death

[Approved by U. S. Census and America[illegible] Association]

Statement of occupation.—Preci[illegible] cupation is very important, so that th[illegible] fulness of various pursuits can be know[illegible] applies to each and every person, irr[illegible] For many occupations a single word or [illegible] line will be sufficient, e. g., *Farmer* or *P*[illegible] *Compositor, Architect, Locomotive enginee*[illegible] *Stationary fireman*, etc. But in many c[illegible] industrial employments, it is necessary [illegible] kind of work and also (*b*) the nature of [illegible] industry, and therefore an additional lin[illegible] the latter statement; it should be used o[illegible] As examples: (*a*) *Spinner*, (*b*) *Cotton mi*[illegible] (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automob*[illegible] material worked on may form part of [illegible] ment. Never return "Laborer," "Forem[illegible] "Dealer," etc., without more precise spe[illegible] *laborer, Farm laborer, Laborer—Coal mi*[illegible] at home, who are engaged in the duties [illegible] only (not paid *Housekeepers* who receive [illegible] may be entered as *Housewife, Housework*[illegible] children, not gainfully employed, as *At so*[illegible] Care should be taken to report specifically [illegible] of persons engaged in domestic service f[illegible] *vant, Cook, Housemaid*, etc. If the occu[illegible] changed or given up on account of the [illegible] DEATH, state occupation at beginning o[illegible] tired from business, that fact may be [illegible] *Farmer* (*retired, 6 yrs.*). For persons wh[illegible] pation whatever, write *None*.

Statement of cause of death.—[illegible] DISEASE CAUSING DEATH (the primary af[illegible] spect to time and causation), using al[illegible] accepted term for the same disease. E[illegible] *brospinal fever* (the only definite synonym [illegible] cerebrospinal meningitis"); *Diphtheria* [illegible] "Croup"); *Typhoid fever* (never report "[illegible] monia"); *Lobar pneumonia; Bronchopneu*[illegible] monia," unqualified, is indefinite); *Tuberc*[illegible] *meninges, peritonaeum*, etc., *Carcinoma, S*[illegible] ..... (name origin; "Cancer" is less [illegible] use of "Tumor" for malignant neoplas[illegible]

[illegible]an Public Health

[illegible]e statement of oc- [illegible]the relative health- [illegible]known. The ques- [illegible]on, irrespective of [illegible] word or term on [illegible]*Farmer* or *Planter*, [illegible]*comotive engineer*, [illegible]etc. But in many [illegible]ments, it is neces- [illegible] and also (*b*) the [illegible] and therefore an [illegible]atter statement; it [illegible] As examples: (*a*) [illegible]*man*, (*b*) *Grocery; [illegible]ry*. The material [illegible] second statement. [illegible]nan," "Manager," [illegible]e specification, as [illegible]*—Coal mine*, etc. [illegible] the duties of the [illegible]*ers* who receive a [illegible]*ousewife, House-* [illegible]ainfully employed, [illegible]ld be taken to re- [illegible]ersons engaged in [illegible]*nt, Cook, House-* [illegible] changed or given [illegible] DEATH, state oc- [illegible]etired from busi- [illegible]s: *Farmer* (*re-* [illegible]e no occupation [illegible]

[illegible]Name, first, the [illegible]affection with re- [illegible]always the same [illegible] Examples: *Cere-* [illegible]ym is "Epidemic [illegible] (avoid use of [illegible]eport "Typhoid [illegible]*onchopneumonia* [illegible]e); *Tuberculosis* [illegible] *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 *septichaemia*," "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.)

HUGH STEPHENS, JEFFERSON CITY.