

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

PLACE OF BIRTH

County St. Louis

Township Parandent

Village _____

City _____

Registration District No. 7 File No. 3327

Primary Registration District No. 6248 Registered No. 45

(NO. Mo St Rose Hospital St. _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Joseph Lohbeck

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single (If write the word)

DATE OF DEATH Jan. 31, 1911 (Month) (Day) (Year)

DATE OF BIRTH Jan 28th, 1868 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 24, 1911, to Jan. 31, 1911, that I last saw him alive on Jan. 31, 1911, and that death occurred, on the date stated above, at 2 P. M.

AGE 43 yrs. — mos. 9 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 Miner (b) General nature of industry, business, or establishment in which employed (or employer) Se 29

Phthisis Pulmonalis

BIRTHPLACE (City or town, State or foreign country) St Louis Mo.

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

NAME OF FATHER Henry Lohbeck

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

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

(Signed) D. R. Lumb M. D. Jan 31, 1911 (Address) Mo St Rose

MAIDEN NAME OF MOTHER Don't know

*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) At place of death _____ yrs. _____ mos. 7 ds. In the State 30 yrs. _____ mos. _____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John B. Brockland

Where was disease contracted If not at place of death? Former or usual residence 3137 N. Grand Ave

(ADDRESS) 1618 Knappa St

PLACE OF BURIAL OR REMOVAL Calvary DATE OF BURIAL Feb. 2nd, 1911

Filed Jan. 31, 1911 L. F. O'Brien, D. REGISTRAR

UNDERTAKER Aug Brockland ADDRESS 142 N. 9 St.

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.

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*, *Composer*, *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. *Printer* return "Laborer," "Foreman," "Manager," of "Dealer," etc., without more precise specification, as *sepsis laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. *tribiomen* at home, who are engaged in the duties of the deatusehold only (not paid *Housekeepers* who receive a Amefinite salary), may be entered as *Housewife*, *House-
rk*, or *At home*, and children, not gainfully employed, *At school* or *At home*. Care should be taken to re-
t specifically the occupations of persons engaged in
uomestic service for wages, as *Servant*, *Cook*, *House-
maid*, etc. If the occupation has been changed or given
up on account of the DISEASE CAUSING DEATH, state oc-
cupation at beginning of illness. If retired from busi-
ness, that fact may be indicated thus: *Farmer (re-
tired, 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 re-
spect to time and causation), using always the same
accepted term for the same disease. Examples: *Cere-
brospinal 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*, *peritonaeum*, 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* (dis-
ease causing death), *29 ds.*; *Bronchopneumonia* (sec-
ondary), *10 ds.* Never report mere symptoms or ter-
minal conditions, such as "Asthenia," "Anaemia"
(merely symptomatic), "Atrophy," "Collapse," "Coma,"
"Convulsions," "Debility" ("Congenital," "Senile," etc.),
"Dropsy," "Exhaustion," "Heart failure," "Haemor-
rhage," "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 under-
taken. 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 na-
ture of the injury, as fracture of skull, and conse-
quences (e. g., *sepsis*, *tetanus*) may be stated under the
head of "Contributory." (Recommendations on state-
ment of cause of death approved by Committee on
Nomenclature of the American Medical Association.)

