

## 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. 45791File No. 4036Primary Registration District No. 1003Registered No. 685(NO. 6046 Westminster Pl. 78 Ward)

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

FULL NAME Susan M. Trautmann

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX

Female

COLOR OR RACE

WhiteSINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)widowed

DATE OF BIRTH

March 25<sup>th</sup> 1842

(Month)

(Day)

(Year)

AGE

68 yrs. 9 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)

9-0

BIRTHPLACE

(City or town, State or foreign country)

Ireland

NAME OF FATHER

FitzpatrickBIRTHPLACE OF FATHER  
(City or town, State or foreign country)Ireland

MAIDEN NAME OF MOTHER

UnknownBIRTHPLACE OF MOTHER  
(City or town, State or foreign country)Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) May E. Trautmann(ADDRESS) 6046 Westminster

Filed

JAN 17 1911W. Wheeler Bond

REGISTRAR

DATE OF DEATH

January

(Month)

16<sup>th</sup>

(Day)

1911

(Year)

I HEREBY CERTIFY, that I attended deceased from

January 2<sup>nd</sup>, 1911, to January 16<sup>th</sup>, 1911,that I last saw her alive on January 14<sup>th</sup>, 1911,and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH\* was as follows:

Cancer of Bladder5.3 Babout

(Duration)

yrs. 4

mos.

ds.

Contributory

(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed) A. S. Barnes

M. D.

Jan 16<sup>th</sup>, 1911(Address) 6312 Washington

\*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 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

Calvary

DATE OF BURIAL

1-18, 1911

UNDERTAKER

Arthur J. Donnelly

ADDRESS

2039 Mack St

# 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. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 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 respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal 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, 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) affecti- not be stated unless important. Example: *Meas- ease causing death*, 29 ds.; *Bronchopneumon- onday*, 10 ds. Never report mere symptoms minimal conditions, such as "Asthenia," "A- (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile "Dropsy," "Exhaustion," "Heart failure," "E- rhage," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a definite can be ascertained as the cause. Always qua diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "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 nature 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.)

