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.

PLACE OF DEATH

County

Township

or

Village

or

City St. Louis (NO. 2027 Division St.; 4 Ward)

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

89

Registration District No. 791 File No. 7925

Primary Registration District No. 1003 Registered No. 1246

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

FULL NAME Infant Shapiro

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR OR RACE: white

SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): single

DATE OF BIRTH: Jan. (Month) 29 (Day), 1911 (Year)

AGE: yrs. mos. 3 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): —0

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

PARENTS

NAME OF FATHER: Nathan Shapiro

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

MAIDEN NAME OF MOTHER: Dora Lipshitz

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Russia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nathan Shapiro

(ADDRESS) 2027 Division

FEB - 1 1911

Filed 191 Ema G. Snodgrass Dep. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 1st (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 31, 191 1, to Feb. 1, 191 1, that I last saw h alive on Jan. 31, 191 1, and that death occurred, on the date stated above, at 1:00 a.m.

The CAUSE OF DEATH* was as follows:

Bronchitis

10 hrs (Duration) yrs. mos. ds.

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

(Signed) J. Spector M. D.

Feb. 1st 191 1 (Address) 1815 Carr St.

*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: Blessed Shel Emeth

DATE OF BURIAL: Feb. 1, 191 1

UNDERTAKER: H. B. Berger

ADDRESS: 212 Clark

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 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

Care should be taken to report specifi ikeepers who receive a
of persons engaged in domestic servi as *Housewife, House-*
vant, *Cook, Housemaid,* etc. If the not gainfully employed,
changed or given up on account of should be taken to re-
DEATH, state occupation at beginni of persons engaged in
retired from business, that fact may ervant, *Cook, House-*
Farmer (retired, 6 yrs.). For person been changed or given
pation whatever, write *None.* USING DEATH, state oc-

Statement of cause of deat If retired from busi-
DISEASE CAUSING DEATH (the prima l thus: *Farmer (re-*
spect to time and causation), usir have no occupation
accepted term for the same diseas
brospinal fever (the only definite sy h.—Name, first, the
cerebrospinal meningitis"); *Diphth* ary affection with re-
"Croup"); *Typhoid fever* (never rep ing always the same
monia"); *Lobar pneumonia; Bronch* se. Examples: *Cere-*
monia," unqualified, is indefinite); *meninges, peritonaeum,* etc., *Carcino* synonym is "Epidemic
..... (name origin; "Cancer" *theria* (avoid use of
use of "Tumor" for malignant ver report "Typhoid
; *Bronchopneumonia*
efinite); *Tuberculosis*
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 *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.