

PLACE OF DEATH

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

County _____

Township _____

or

Village _____

or

City St. Louis

Registration District No. _____

791

File No.

12001

Primary Registration District No. _____

1003

Registered No.

2229

(NO. 5076 St. Louis 1877 Ward)

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

FULL NAME Frances Anna Mues

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED. (Write the word) <u>Single</u>
DATE OF BIRTH <u>Sept. 24</u> , 18 <u>85</u> (Month) (Day) (Year)		

AGE
15 yrs. 6 mos. 8 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)
0BIRTHPLACE
(City or town, State or foreign country)
St. LouisNAME OF FATHER
Louis MuesBIRTHPLACE OF FATHER
(City or town, State or foreign country)
St. LouisMAIDEN NAME OF MOTHER
Ida RosmannBIRTHPLACE OF MOTHER
(City or town, State or foreign country)
St. Louis

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis Mues(ADDRESS) 5 E. Cov. FlorissantFiled MAR -2 1911 1911 Wheeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
March 1, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Feb 16th, 1911, to March 1st, 1911, that I last saw her alive on Feb 28th, 1911, and that death occurred, on the date stated above, at 7 1/2 A.M.

The CAUSE OF DEATH* was as follows:

Scarlet Fever
(Duration) ___ yrs. ___ mos. 14 ds.Contributory
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.(Signed) A. G. Hsnake M. D.
March 1st, 1911 (Address) 6504 St. Louis

*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
March 2, 1911UNDERTAKER
St. Joseph'sADDRESS
4438 N. 70th

OK

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

For many occupations a single word or term on first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Mill 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) *Miner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material should be checked on may form part of the second statement.

For *Laborer* return "Laborer," "Foreman," "Manager," "Clerk," "Printer," etc., without more precise specification, as *Factory laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. For *Domestic* men 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*, *Housekeeper*, 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 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 (never, 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 medical 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* (unqualified, is indefinite); *Tuberculosis* (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) 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.)

HUGH STEPHENS, JEFFERSON CITY.



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