

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

PLACE OF DEATH
St. Louis
County _____
Township _____
or
Village _____
or
City *St. Louis*

Registration District No. **791** File No. **12426**
Primary Registration District No. **1008** Registered No. **2672**
(NO. *400 South Jefferson* St. *1* Ward)

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

FULL NAME *Hilda Wilson*

PERSONAL AND STATISTICAL PARTICULARS		
SEX <i>Female</i>	COLOR OR RACE <i>white</i>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <i>single</i>
DATE OF BIRTH <i>March 31</i> , <i>1910</i> (Month) (Day) (Year)		
AGE <i>11</i> yrs. <i>18</i> mos. <i>18</i> ds.		If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <i>none</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>0.</i>		
BIRTHPLACE (City or town, State or foreign country) <i>St. Louis Mo</i>		
PARENTS	NAME OF FATHER <i>Theodore Wilson</i>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Ireland</i>	
	MAIDEN NAME OF MOTHER <i>Bessie Wilson</i>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Illinois</i>	

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH <i>March 13</i> , <i>1911</i> (Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from <i>Dec. 3</i> , <i>1910</i> , to <i>March 13</i> , <i>1911</i> , that I last saw him alive on <i>March 12</i> , <i>1911</i> , and that death occurred, on the date stated above, at <i>9 a. m.</i> The CAUSE OF DEATH* was as follows: <i>Chronic enteritis.</i> <i>119B 104</i> <i>157</i> (Duration) ___ yrs. <i>6</i> mos. ___ ds. Contributory (SECONDARY) <i>General atrophy</i> (Duration) ___ yrs. <i>5</i> mos. ___ ds. (Signed) <i>Geo. Smith</i> M. D. <i>March 13, 1911</i> (Address) <i>400 S. Jefferson</i>
*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. <i>2</i> mos. <i>10</i> ds. In the State ___ yrs. <i>11</i> mos. <i>17</i> ds. Where was disease contracted if not at place of death? <i>4034 N. 2nd St.</i> Former or usual residence <i>4034 N. 2nd St.</i>
PLACE OF BURIAL OR REMOVAL <i>Fredens</i>
DATE OF BURIAL <i>Mar 15th 1911</i>
UNDERTAKER <i>Marl Stmann 3521 1/2 Broadway</i>
ADDRESS

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): *Edward N. Hagin*
(ADDRESS) *400.8 Jefferson*

Filed **MAR 13 1911** *W. Wheeler Bond*
REGISTRAR

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.

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 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) 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.



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH
County St Louis
Township _____
or _____
Village _____
or _____
City St Louis (NO. 400 South Jefferson St.: 1 Ward)

Registration District No. 791 File No. 12476
Primary Registration District No. 1003 Registered No. 2672

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

FULL NAME Nilda Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single

DATE OF BIRTH March 31, 1910
(Month) (Day) (Year)

AGE 11 yrs. 18 mos. 18 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) _____

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

PARENTS
NAME OF FATHER Theodore Wilson
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ireland
MAIDEN NAME OF MOTHER Beatie West
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Illinois

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edward W. Stagin
(ADDRESS) 400 S. Jefferson

Filed May 8 1911, 29 Wheeler Bond
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 13, 1910, to March 13, 1911, that I last saw her alive on March 12, 1911, and that death occurred, on the date stated above, at 2 1/2 p.m.

The CAUSE OF DEATH* was as follows:
Chronic enteritis

(Duration) ___ yrs. 6 mos. ___ ds.
Contributory General atrophy
(SECONDARY) (Duration) ___ yrs. 5 mos. ___ ds.

(Signed) Geo. J. Smith M. D.
March 13 1911 (Address) 400 S. Jefferson

*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. 3 mos. 10 ds. In the State ___ yrs. 11 mos. 12 ds.
Where was disease contracted if not at place of death? 4034 N. 2nd St.
Former or usual residence 4034 N. 2nd St.

PLACE OF BURIAL OR REMOVAL Friedens DATE OF BURIAL March 15, 1911

UNDERTAKER Math Hermann ADDRESS 352 1/2 N. Broadway

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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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.)